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ABSTRACT

This document presents a complete inservice training module on interagency service coordination for people with disabilities in six modules, which are intended to take about 18.5 hours to complete. Each module presents a list of equipment and materials, recommended time distribution for module activities, detailed instructions for facilitators, and handouts and transparencies. Module 1 sets the philosophical frame, explores belief systems, and defines key terms. Module 2 introduces scenarios as the basis for practice applications, examines why change agents fail, and identifies challenges to successful interagency service coordination. Module 3 introduces the "circle of commitment" concept of interagency collaboration and describes team processes for identifying priority service needs and developing mission statements and cooperative agreements. Module 4 introduces models of interagency service criteria, describes essential management tasks, examines the roles of the lead agency and service coordinator, and presents sample formalized action plans. Module 5 is on program evaluation as related to interagency service coordination efforts, including development of evaluation questions, determination of methodology, common evaluation weaknesses, and core principles. The final module focuses on communication techniques to facilitate family involvement, help consumers to become self-determining, promote access to services, tap funding sources, and persuade superiors to support interagency coordination efforts. (DB)

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A Training Sequence

LET'S GET IT TOGETHER!

A TRAINING SEQUENCE

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and based on

INTERAGENCY, INTERDISCIPLINARY SERVICE COORDINATION

A TRAINING RESOURCE

by

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Washington, D.C.

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Disclaimer Statement

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OVERVIEW

Introduction

Outlines objectives, intended audience, facilitator qualifications, and requirements for success

Notes to Facilitators

Summarizes module format, details facilitator responsibilities, and highlights facilitator choices

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Module 1: What Are We Talking About? 2 hrs & 15 mins

Sets philosophical frame; explores belief systems; defines interagency, interdisciplinary service coordination

Module 2: How Do We Start? 2 hrs & 50 mins

Introduces scenarios as basis for practice applications, examines why change agents fail, and invites participants to identify specific challenges to successful interagency service coordination

Module 3: What Comes Next? 4 hrs

Introduces the circle of commitment vital to interagency collaboration; leads participant teams through processes of deciding partner membership, conducting initial member assessments, identifying priority service needs, developing mission statements and cooperative agreements in the context of their selected scenarios

Module 4: How Do We Keep the Process Rolling? 3 hrs & 30 mins

Introduces models of interagency service coordination and criteria for choosing among them, describes essential management tasks, explores issues related to selecting a lead agency; examines the role of *service coordinator*; presents formalized action plans as a management tool —all with application opportunities

Module 5: Can We Measure Our Success? 3 hrs & 45 mins

Examines the essentials of sound program evaluation as they relate to interagency service coordination efforts; offers experiences in generating evaluation questions, weighing anecdotal evidence, determining methodologies; highlights common evaluation weaknesses and core principles to remember

Module 6: How Do We Persuade Others to Change? 2 hrs & 15 mins

Helps participants prepare to bring about interagency service coordination by arming them with practical techniques for facilitating family involvement, helping consumers become self-determining, promoting easy access to services, tapping funding sources, helping stakeholders learn about legal provisions for service coordination, communicating the value of collaborative initiatives, persuading superiors to support interagency service coordination efforts

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Total Training Time 18 hrs & 35 mins

Module 1: What Are We Talking About?

Equipment

tables, chairs, and lectern
overhead projector and screen
flip chart and markers
pens/pencils

Materials

handouts
1-1: *What Are We Talking About?*
1-2: *On Your Own*

transparencies
1-1: *Directions*
1-2: *Definition*
1-3: *A Systems Thinker*
1-4: *Definition*
1-5: *Make a Difference*

Time

Step A	5 minutes
Step B	30 minutes
Step C	15 minutes
Step D	20 minutes
Step E	40 minutes
Step F	5 minutes
Step G	10 minutes
Step H	10 minutes
TOTAL	2 hrs. & 15 mins.

A Training Sequence
January 1997

MPRRC/Drake University &
Iowa Department of Education
Des Moines, IA

Let's Get It Together!

Module 1: What Are We Talking About?

[FACILITATORS, your first responsibility has three parts: introducing yourselves; letting participants become acquainted with one another; and focusing thinking on interagency, interdisciplinary service coordination.]

Step A (5 minutes)

FACILITATOR I (whoever is more comfortable beginning) --greet participants and introduce yourself by name, by professional position, and by your interest in and commitment to service coordination (don't get hung up on the notions of *interagency* and *interdisciplinary*, just emphasize the underlying implications of the unit's title: *Let's Get It Together!*). Introduce your co-facilitator by name.

FACILITATOR II--continue your introduction by professional position and by your interest in and commitment to service coordination.

Step B (30 minutes for 30 participants, adjust time accordingly)

FACILITATOR II--lead the becoming acquainted activity.

Say something like...

More important than who we are and why we are here is who you are, where you're from, and why you're here. [Display transparency 1-1 and have participants introduce themselves.]

Step C (15 minutes)

FACILITATOR I--lead the defining activity.

FACILITATOR II--build list on flip chart and respond with your co-facilitator to participants' input.

Say something like...

> *As I was listening to your reasons for being here, I realized your presence is a first sign of commitment to learning more about service coordination. FACILITATOR II's name and my task is to help you make service coordination work, but a prerequisite is building a shared understanding of a useful definition of* ***interagency, interdisciplinary service coordination****.*
>
> *One way to think about the term is to break it down into parts. Let's start with the core:* ***service coordination****.*
>
> *Try a little free association. Two immediate associations happen for me: the word* ***service*** *reminds me why I chose to take the job I have;* ***coordination*** *makes me think of the seemingly endless hours I've spent in meetings trying to work with others.*
>
> *What does the core of the term trigger for you in the context of your settings and your particular roles? It's not necessary to take turns or be called upon, just shout out the associations as they come to you.*

[FACILITATOR II, as you jot down participants' associations on the flip chart, join FACILITATOR I in responding to their input. When they've generated all the associations they can, display transparency 1-2 and share the definition.]

Say something like...

> *All of the associations together reveal we intellectualize about the term* ***service coordination*** *and we have attitudinal*

responses. For purposes of this workshop, here's the definition of ***service coordination****: a process for linking the service system to the consumer and allocating and managing resources to meet consumer needs within that system.*

Step D (20 minutes)

FACILITATOR I--set the stage for an analysis activity by referring to transparency 1-2 and acknowledging misuse and abuse of the term *service coordination*. Then invite participants to complete handout 1-1.

Say something like...

You see the boxed words on the transparency; they're definitely loaded words. By denotation,

process *means there is a series by which something develops*

linking *means making connections*

system *means there are many parts making up a whole*

consumer *means a user—perhaps a chooser*

allocating *means distribution*

managing *means control and direction*

resources *means assets ready for use, available as needed*

needs *means requirements and desires*

The core term ***service coordination*** *and its accompanying definition are often misused and abused. Why? Because people tend to respond much like Humpty Dumpty in* ***Through the Looking Glass****: "When I use a word, it means just what I choose it to mean—neither more nor less."*

Service coordination *is intended as shorthand to encompass broad philosophical underpinnings that all of us too rarely have a chance to examine.*

[Distribute handout 1-1 and continue...]

Take 15 minutes to respond to the items on the handout. We'll use your responses for a follow-up discussion.

Step E (40 minutes)

FACILITATOR II--initiate the follow-up discussion by polling participants about the handout item by item, asking how many agree, disagree, or don't understand.

FACILITATOR I--join your co-facilitator in responding to participants' feedback.

This section isn't scripted, but here's some talk you're likely to use:

For 1) on the handout, some participants may question what is meant by **disabilities**. Be prepared to give the scope of special needs as described in the Individuals with Disabilities Education Act (IDEA, PL. 101-476) and other related statutes.

For 2) on the handout, some participants may voice concerns about consumers' and their families' abilities and desires to be involved in decision-making. Be prepared to promote the consumer and family-centered approach to service coordination Kochhar outlines on pages 17-24 of her training resource, promising some techniques will be explored in later modules that will make the approach possible.

For 3) on the handout, some participants may believe progress isn't achieved if service coordination is for always. Be prepared to preview Module 5: Can We Measure Our Success?, saying participants will learn how to evaluate the effectiveness of services and determine when they are no longer needed.

For 4) on the handout, some participants may say this is an "of course," "good food" statement. Be adamant about the importance of easy access to services. You can let participants know there will be some one-stop shopping tips given in later modules.

For 5) on the handout, some participants may be pessimistic about collaboration happening between and among disciplines and between and among agencies. It's beneficial for them to express their pessimism early on, and you can tell them Module 6: How Do We Persuade Others to Change? will present ways to sell collaboration through "what's in it for everyone" outcomes.

For 6) on the handout, some participants may state that service coordination is more likely to occur if it's required. Be prepared to cite the national laws and service coordination provisions and the state and local voluntary guidelines compiled on pages 26-37 of Kochhar's training resource. (See handout 6-3 in the Materials section of Module 6.)

For 7) on the handout, some participants may express a local field vs. state-level administrative orientation. Be prepared to acknowledge the division but assure participants they'll come away from the training with some skills for promoting change at both levels.

For 8) on the handout, some participants are likely to question what is meant by **systems**. Provide this lead to the next step of the module: *If you're confused about this term, you have every right to be. It's one of the buzz words of the 90s, and it represents a simple idea with highly complex implications.*

Step F (5 minutes)

FACILITATOR I--discuss what it means to be a systems thinker.

Say something like...

> *The basic premise is this: nothing exists in the world independent of everything else. A system, then, is a group of interacting, interrelated, or interdependent elements forming a complete whole.*
>
> *While we're meeting, we're operating together in a system, which is this group, made up of 32* (give the accurate count of participants plus facilitators) *parts whose interactions will affect how we function as a whole.*
>
> *A service system is also comprised of multiple parts, and changes in one part can affect the others—and alter the system itself.*
>
> *Fairly obvious, right?*

What matters for successful service coordination is that you be systems thinkers. [Display transparency 1-3 and continue...]

That means

- *Understanding all systems are dynamic—always in motion.*
- *Being able to see the elements of your service system as parts of a whole.*
- *Focusing on parts primarily in terms of the roles they play in the system.*
- *Recognizing problems arise within the system as a consequence of the interaction of its parts, not primarily from external events.*

Step G (10 minutes)

FACILITATOR II--complete the definition of the whole term *interagency, interdisciplinary service coordination* by explaining why *interagency* and *interdisciplinary* are logical add-ons given the philosophical underpinnings and the requirement of being systems thinkers.

Say something like...

We began our definitional search by looking at the core of the term, ***service coordination****. Now, it should be clear that* ***interagency*** *and* ***interdisciplinary*** *are logical add-ons given the philosophical underpinnings and the requirement of being systems thinkers.*

The prefix ***inter*** *is a combining form that means between or among, with one another, mutual.*

Agency *beyond its definition of a bureau that provides a particular service denotes action, means, power, empowerment to act for another.*

Discipline *beyond its definition of a branch of instruction or learning means a regimen/training that develops or improves skills.*

[Display transparency 1-4 and continue...]

From the complete definition, we can infer the need to communicate and interact across agencies and disciplines, along the educational continuum, through political barriers, despite agency service boundaries, for categories of individuals, with other service providers, with consumers and their families, and within a system.

Step H (10 minutes)

FACILITATOR I--give the *On Your Own* assignment and close the module.

Say something like...

Even though there are some interagency, interdisciplinary service coordination efforts currently taking place in our state, I think of all of us as pioneers for fostering acceptance of shared responsibility among all agencies and disciplines to improve service.

[Display transparency 1-5 and continue...]

To be pioneers who'll make a difference, it is vital that we share understanding of

- *definitions and elements of service coordination*
- *values and philosophical principles underpinning collaboration*
- *strategies for planning and managing service coordination, implementing service coordination from infancy to adulthood, evaluating service coordination efforts, and promoting systems change*

We'll build the shared understandings as we work through the remaining five modules of this training together. We've made a good start in this first module.

Though it's last on the list, earlier today I gave systems thinking a cursory glance. We'll be talking more about *systems, but to test your awareness level on your own, use this handout to trigger thinking about the parts that comprise your service system and bring the completed form with you to the next session.*

[Distribute handout 1-2. Tell participants when and where the next session will be held.]

Materials for Module 1

Handouts
Transparencies

Let Get It
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A Training Sequence
January 1997

MPRRC/Drake University &
Iowa Department of Education
Des Moines, IA

Directions

- Introduce yourself by name and professional position.
- Say where you're from.
- Explain why you're here.

Definition

Service coordination is a process for linking the service system to the consumer and allocating and managing resources to meet consumer needs within that system.

A Systems Thinker...

- understands all systems are dynamic
- sees elements of a system as parts of a whole
- focuses on roles elements play in the system
- recognizes problems arise within the system as a consequence of internal interactions, not primarily from external events

Definition

***Interagency, interdisciplinary service coordination* is a process for linking the service system to the consumer and allocating and managing resources to meet consumer needs within that system.**

Make a Difference

Share understanding of

- definitions
- values
- strategies

for planning and managing service coordination

for implementing from infancy to adulthood

for evaluating efforts

for promoting systems change

What Are We Talking About?

Name ____

As a means of examining the broad philosophical underpinnings of service coordination, please respond to each of the items by checking one of the three boxes. If you check *I disagree* or *I don't understand*, explain in the space provided what in the statement puts you off or confuses you.

1) Services and service professionals exist first and foremost to serve individuals with disabilities.

☐ I agree. ☐ I disagree. ☐ I don't understand.

2) Consumers and their families want/need to be involved in decisions about their futures, the services they require, and how those services might be obtained.

☐ I agree. ☐ I disagree. ☐ I don't understand.

3) Service coordination for consumers should take place from womb to tomb.

☐ I agree. ☐ I disagree. ☐ I don't understand.

4) Consumers want/need multiple services, and they want the process of obtaining them to be as efficient and effective as possible.

☐ I agree. ☐ I disagree. ☐ I don't understand.

5) An effective service system relies on collaboration among its various representatives.

☐ I agree. ☐ I disagree. ☐ I don't understand.

6) The reality of service coordination is dependent upon legal mandates.

☐ I agree. ☐ I disagree. ☐ I don't understand.

7) Effective service coordination calls for local control.

☐ I agree. ☐ I disagree. ☐ I don't understand.

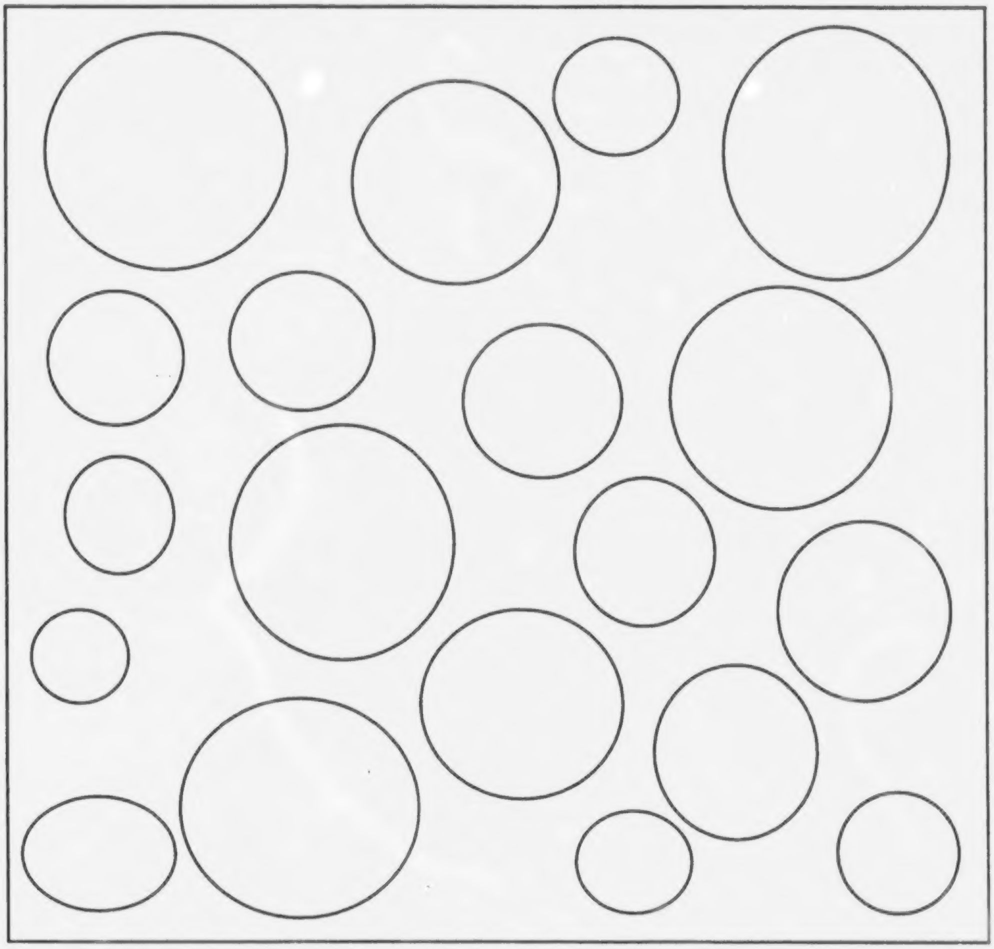
8) Consumers and service providers operate within systems, and the whole of those systems is affected by the interaction of its parts.

☐ I agree. ☐ I disagree. ☐ I don't understand.

On Your Own

Name ______________________________

Think about your service system by identifying the parts interacting within it. You may not use all the circles; you may want to add more.



You'll find your analysis will give you a head start on work you'll be doing in Module 2.

Module 2: How Do We Start?

Equipment

tables, chairs, and lectern
overhead projector and screen
pens/pencils, paper, manila folders
flip chart, easel, markers, and masking tape

Materials

handouts
2-1: *The Scenarios*
2-2: *Seven Pitfalls*

transparencies
2-1: *Service Coordination*
2-2: *Two Levels of Service Coordination*
2-3: *Instructions for Team Task #1*
2-4: *Seven Pitfalls*
2-5: *Instructions for Team Task #2*

Time

Step A	10 minutes
Step B	15 minutes
Step C	20 minutes
Step D	30 minutes
Break	15 minutes
Step E	20 minutes
Step F	25 minutes
Step G	30 minutes
Step H	5 minutes
TOTAL	2 hrs. & 50 mins.

Let's Get It Together!

Module 2: How Do We Start?

Step A (10 minutes)

FACILITATOR I--greet participants, play the Name Game, and take care of any housekeeping tasks.

The Name Game isn't scripted because it's so easy to play. Lead into it by reminding participants how much easier it is to ask questions and share ideas when they know who they're talking with. Start the game by having any participant begin by saying, "I'm (name)." The participant to his/her left says, "This is (first participant's name), and I'm (name). The next participant says, "This is (first participant's name), this is (second participant's name), and I'm (name)." Continue until you've been around the group, including FACILITATOR II. If FACILITATOR II is next-to-last and you're last, you'll both have a chance to review all participant names.

Step B (15 minutes)

FACILITATOR II--review the definition of interagency, interdisciplinary service coordination. Introduce the notion of service coordination as a concept in operation at two levels.

Say something like...

> *You began this training by analyzing a definition of service coordination and then marking your reactions to a set of definitely subjective belief statements underpinning that deceptively simple definition.*
>
> *Because you're here for Module 2, I'm assuming you buy into those underpinnings--at least tentatively--and see why* ***interagency*** *and* ***interdisciplinary*** *are valid elaborations on the term,* ***service coordination****.*
>
> [Display transparency 2-1 for group review.]

Getting a handle on this essential terminology and even buying into its essential premises is only a beginning. The next question is this: How can you bring service coordination to life in the real world? It's a much harder question for you to answer for yourselves, but you'll make a start today.

At bottom, the key is changing the way you think about the service system you work within and how you can best use it to serve consumers and their families.

Part of the change comes in practice at systems thinking. Part of it will come from becoming comfortable with viewing service coordination at two levels operating in concert for one purpose: improving services to those who need them.

Think with me for a minute about those two levels. [Display transparency 2-2.]

Service coordination at the individual level is nothing new to anyone here—coordinating services for individuals and their families to assist them in leading productive, fulfilling lives is part of your work. What professionals are learning is this: service coordination at the individual level is simply not enough.

Unless service coordination is also taking place at the interagency level, there are not enough resources, not enough options, and not enough support to make first-line services as effective as all of you want them to be. That's why the emphasis in this training will be on ***interagency service coordination****—about the process of bringing multiple organizations together to enrich the range and quality of services available and to keep that array of services affordable.*

Step C (20 minutes)

FACILITATOR I--use handout 2-1 as lead for introducing scenarios. Have each group select a scenario as basis for subsequent work.

Say something like...

At the close of last session, you focused on systems thinking and about its implications for you and the systems of which you are a part. Completing the final handout you received--the one with all the circles--gave you a visual way to understand how complex and extensive your service system really is.

That's why it's so hard to think about service coordination in the abstract--there's nothing to sink your teeth into, to manipulate. To get hands-on experience with the process, you need a concrete situation to deal with.

I'm about to solve that problem for you, but first you need to break yourselves into the working teams you enrolled as. [Give participants time to place themselves in teams at tables.]

The sheets inside the folders (FACILITATOR II's name) is distributing now are designed to provide that concrete situation. [FACILITATOR II distributes handout 2-1.]

[Display transparency 2-3]

Here's the task for each team:

1) *Read the scenarios carefully.*

2) *Decide together which one of the situations described is most like one you might find yourselves dealing with in your setting or is most apt to help you address some of the most challenging issues you're likely to face as you push for service coordination at the interagency, interdisciplinary level.*

3) *Prepare to explain the thinking behind the choice you make, taking care to elaborate on the connections between the situation your group has chosen and your actual service environment and challenges.*

You'll have 15 minutes to make your choice and prepare your explanation.

Step D (30 minutes)

FACILITATOR II--facilitate group presentations, eliciting elaborations of the connections between the scenarios chosen and actual work situations.

FACILITATOR I--record group choices and join in facilitation of presentations.

Step D is not scripted because it is so situational. Use your facilitative skills to encourage ownership of choices and to help participants focus on the connections they're drawing.

When the last team has discussed its choice, say something like...

> *You'll often be working in your teams during the remaining sessions, making complex, abstract ideas useful by applying them to your scenarios. Our intent is to let you stretch your thinking by experimenting in a safe environment. You'll have opportunities to test approaches, struggle, and make mistakes without harming consumers or straining relationships you'll want to nurture as you work with others to achieve or improve service coordination at the interagency level in the real world. Make sure you bring your folders to every session—you'll be adding useful materials every time.*

Give participants a 15-minute break.

Step E (20 minutes)

FACILITATOR I--introduce 7 reasons why people fail in their attempts to achieve significant change and ask participants to keep them in mind as they work to promote interagency, interdisciplinary service coordination.

Take a little time discussing these pitfalls. The elaborations given here will be much improved if you add examples from your personal experience and/or invite participants to supply some of their own. If you encourage participant response, this step may take 30 minutes. If you think they'll be well spent, use them.

Say something like...

Much of your work in the remaining modules will be in the context of the scenario you've chosen. As you work together on your teams, remember you're looking for transfer. The question is always, "What are we learning here that we can apply to make a positive difference for the people we serve?"

Making a difference means changing what is, and that's rarely easy. Michael Fullan and Matthew Miles wrote an article for the June, 1993 issue of Phi Delta Kappan *entitled* "Getting Reform Right: What Works and What Doesn't" *that likely will never become dated because the pitfalls it identifies will always threaten the change process. Paraphrased to apply to service coordination, they're worth remembering.*

Let me translate them to your role as initiators of change. First, take a look at the pitfalls: [Display transparency 2-4.]

1. People operate with faulty maps of change.
Here are some of the faulty and conflicting constructs they try to deal with all at once:

> *"Every situation is unique." vs. "If you've seen one change, you've seen them all."*
>
> *"Service organizations are harder to change than other organizations." vs. "People in service organizations who belong there seek change for the good of those they serve."*
>
> *"You can never please everyone, so just push ahead." vs. "Full participation of everyone involved in a change is vital."*
>
> *"Lasting, significant change calls for total overhaul--incrementalism just can't work." vs. "Keep it simple, stupid; go for small, easy changes rather than big, demanding ones."*
>
> *Seeing both the forest and the trees and keeping the relationships clear will be one of your toughest jobs.*

2. People like simple answers, but simple answers hardly ever solve complex problems.
Change is a learning process. The absence of early difficulty is usually a sign that not much is being attempted. Anxiety, difficulties, and uncertainty are intrinsic to all substantive change. Know up front that solutions to problems you encounter in

making interagency, interdisciplinary service coordination a reality will rarely be easy to come by and often will not be known until you experiment a little.

3. ***Symbols take priority over substance.***
Calling something "service coordination" doesn't make it so. Organizations tend to adopt quick-fix innovations for opportunistic reasons rather than to solve real problems. We have task forces, blue ribbon commissions, and committees whose favor ebbs and flows with political tides. Substantive change requires hard and clever work on the ground, which is not the strong point of political players.

4. ***Resistance is misunderstood.***
Change does involve individual attitudes and behaviors, but they need to be framed as natural responses to transition. Many initiatives are ill-conceived, and many others are fads. The most authentic response to such initiatives is resistance. When valid concern and questioning are labeled as resistance that's just to be expected, efforts have taken a wrong turn.

5. ***Benefits are lost through attrition of pockets of success.***
This one sounds a little stuffy, but it's important. It is not enough to achieve isolated pockets of success when it comes to service coordination. Real and lasting change fails unless we can demonstrate that pockets of success add up to new structures, procedures, and service cultures that press for continuous improvement. You know how rare that kind of evidence is.

6. ***Knowledge about the change process is misused.***
Change is systemic, and actions based on the knowledge of the change process must be systemic, too. Consider abuses of half-truths like these: Ownership is the key to change; lots of in-service training is required; the agency is the unit of change; vision and leadership are critical. If you're like me, you can think of several instances in which such platitudes were used to stifle change rather than foster it.

7. ***Power to manage change is lacking.***
Change initiatives do not run themselves. They require that substantial effort be given to monitoring, keeping everyone

informed, linking multiple projects, locating unsolved problems, and taking clear coping action.

Change agents need LEGITIMACY--a clear license to steer, an explicit contract as to what kinds of decisions they can make and what they can spend. Modules 3, 4, and 6 will show you some ways of gaining this kind of legitimacy.

[Distribute handout 2-2.] *Look back at this handout often as you're working through problems together. Doing so will help you remember the difficulties you're encountering are signs that you're learning.*

Step F (25 minutes)

FACILITATOR II--ask teams to identify the challenges they might expect to encounter in using interagency service coordination to meet the identified needs their scenarios describe. Have teams post their lists for large group review.

Have your co-facilitator help you distribute flip chart sheets and markers to the teams.

Then say something like...

Whichever scenario your team chose, you can see it calls for collaboration at the interagency level. You can also see that meeting the identified needs will not be easy. We know you've had little opportunity to think about the intricacies involved, but now is a good time to begin.

Here's your task: [Display transparency 2-5.]

On the flip chart sheets you just received,

1. *Give your team a name and list member names.*
2. *Identify agencies, organizations, and groups that at first glance you think should be part of your interagency efforts. You're just brainstorming now—you'll have time to give this task more deliberate attention in Module 3.*

3. *List the challenges your scenario presents. What roadblocks or obstacles are you apt to encounter? Refer to the pitfalls you just reviewed for possibilities.*

You'll have 20 minutes to prepare your sheets. Please post them on the wall when you've finished.

Step G(30 minutes)

FACILITATOR I--have teams introduce their group names, identify possible organizations, and talk about the challenges they foresee.

FACILITATOR II--join in discussion of challenges and their ties to subsequent modules.

Again, this discussion is not scripted because it is so situational. The purposes of the activity are to let people become more aware of the magnitude of the task their scenarios encompass and to get them thinking about obstacles they're apt to encounter.

Your job is to listen to what they say and make connections to the pitfalls list and the kinds of help they can expect from subsequent sessions with the two of you. That means you'll need to have looked ahead so you can talk intelligently about what you'll be providing. The overview that begins this training package should be helpful to you.

Make sure each team has a record of what they listed on their flip chart. If someone from each team wants to take the flip chart copy away until the next session, that's okay, but it will likely be better if you hang on to all of them. **If all modules are being completed in sequence, teams will need their flip chart lists for Module 5.**

Step H(5 minutes)

FACILITATOR II--thank participants for their hard work, remind them to keep their lists of challenges, and let them know where and when the next session will be held.

A script is superfluous here. This session placed great demands on the facilitators--thanks to you both!

Materials for Module 2

Handouts
Transparencies

Let' Get
Toge

A Training Sequence
January 1997

MPRRC/Drake University &
Iowa Department of Education
Des Moines, IA

Service Coordination

Interagency, interdisciplinary service coordination **is a process for linking the service system to the consumer and allocating and managing resources to meet consumer needs within that system.**

Two Levels of Service Coordination

***Individual level*—Coordinating services for individuals and their families to assist them in leading productive, fulfilling lives**

***Interagency level*—Coordinating the resources of multiple organizations to enrich the range and quality of services available to consumers and their families and to keep that array affordable**

Instructions for Team Task #1

1) Read the scenarios.
2) Choose one of the scenarios as the basis for your work together for the remainder of this training.
3) Elect a spokesperson(s) to explain to the rest of us the thinking behind your choice.

You have 15 minutes to make your choice and prepare the explanation.

Seven Pitfalls

1. People operate with faulty maps of change.
2. People like simple answers, but simple answers hardly ever solve complex problems.
3. Symbols take priority over substance.
4. Resistance is misunderstood.
5. Benefits are lost through attrition of pockets of success.
6. Knowledge about the change process is misused.
7. Power to manage change is lacking.

Instructions for Team Task #2

1) Give your team a name and list member names.

2) Identify agencies, organizations, and groups that at first glance you think should be part of your interagency efforts.

3) List the challenges your scenario presents. What roadblocks/obstacles are you apt to encounter?

You have 20 minutes to prepare your flip chart sheets. Post them on the wall when you've finished.

The Scenarios

Review the scenarios that follow. Then decide together which one of the situations described is most like one you might find yourselves dealing with in your setting or is most apt to help you address issues you're likely to face as you push for service coordination at the interagency level. The same scenario may be chosen by more than one team.

You'll see that the scenarios fall into two categories. The first three are driven at the agency level by the need to increase cost-effectiveness and value to consumers and their families; the last three are consumer-driven, triggered by the necessity to reorganize resources and delivery of services to meet the needs of certain target populations.

Scenario #1

Senior citizens in your service area have some health and support needs peculiar to this population as well as needs shared by other populations. This group is being rather haphazardly served by several different agencies and organizations, many of which are experiencing or expecting funding cuts. Assume your group has been assembled to address this question: how can agencies within your area's service system best pool their resources to improve efficiency and provide better service?

As you're planning, your focus will be on interagency collaboration and the necessity to take into account the wide range of independence levels, the specific service needs, and the accessibility requirements of your target population.

Scenario #2

Assume your group has been assembled to increase cost-effectiveness by pooling resources and streamlining delivery of services to at-risk infants and toddlers and their support systems within your service area. You'll have to think about needs, current sources of service, duplication of efforts, accessibility, and efficiency—just for starters.

Consideration of consumer systems is important for every individual and every group, but nowhere is it more important than in providing services to young children.

Scenario #3

Assume that one of the major concerns in your geographical area is the rising cost and limited effectiveness of service to at-risk youth—that is, at risk of dropping out of school, succumbing to drugs or gang involvement, failing to achieve post high school success. Your task is to find ways of improving services and controlling costs through interagency collaboration.

You'll have to do some serious rethinking about what these young people need, what services are available from what agencies or organizations, and how those groups might work together to fill gaps, increase efficiency, and enhance consumer success.

Scenario #4

Assume that young people with disabilities in your region have had the benefit of transition planning promoted by the Iowa Transition Initiative that by "best practice" begins when they are twelve years old. Development of two of the ten critical areas considered in the ITI's transition process—occupationally specific skills and workplace readiness—has taken place, but actual competitive employment placement has been limited.

This scenario puts you hard against a frequently encountered problem. Government-funded agencies can't meet consumer needs without involvement from local communities. Who can help? How can you get divergent groups with divergent interests to work together to address needs that too often seem like "someone else's responsibility?"

Scenario #5

Assume that an influx of packing plant workers—many of them coming directly from Mexico—has taken place in your service area. The workers and their families have a limited grasp of English, have mastered very few work skills, suffer from malnutrition and other health-related problems, and are alienated from the local social systems. Far too many of their children are being placed in local special education programs because of their poor school performance.

Your task is to make use of interagency collaboration to identify and provide needed services. Remember, the term *agency* includes any group that is part of your formal or informal service system, not just a government-funded agency.

Scenario #6

Assume that a wide variety of adolescents and young adults with a wide variety of disabilities are receiving services in your locale. Though parent/guardian involvement and consumer involvement in service coordination has received lip service, passive participation is about all that has been achieved.

Your task is to achieve more parent/guardian and consumer participation in setting and pursuing short- and long-term goals. A first step will be agreeing on what *participation* really means.

Seven Pitfalls*

1. **People operate with faulty maps of change.**
   Here are some of the faulty and conflicting constructs they try to deal with all at once:

   Every situation is unique. vs. *If you've seen one change, you've seen them all.*

   Service organizations are harder to change than other organizations. vs. *People in service organizations who belong there seek change for the good of those they serve.*

   You can never please everyone, so just push ahead. vs. *Full participation of everyone involved in a change is vital.*

   Lasting, significant change calls for total overhaul--incrementalism just can't work. vs. *Keep it simple, stupid; go for small, easy changes rather than big, demanding ones.*

   Seeing both the forest and the trees and keeping the relationships clear will be one of your toughest jobs.

2. **People like simple answers, but simple answers hardly ever solve complex problems.**
   Change is a learning process. The absence of early difficulty is usually a sign that not much is being attempted. Know up front that solutions to problems you encounter in making interagency, interdisciplinary service coordination a reality will rarely be easy to come by.

3. **Symbols take priority over substance.**
   Calling something *service coordination* doesn't make it so. Organizations tend to adopt quick-fix innovations for opportunistic reasons rather than to solve real problems. Substantive change requires hard and clever work on the ground, which is not the strong point of political players.

4. **Resistance is misunderstood.**
Change does involve individual attitudes and behaviors, but they need to be framed as natural responses to transition. Many initiatives are ill-conceived, and many others are fads. The most authentic response to such initiatives is resistance. When valid concern and questioning are labeled as resistance that's just to be expected, efforts have taken a wrong turn.

5. **Benefits are lost through attrition of pockets of success.**
It is not enough to achieve isolated pockets of success when it comes to service coordination. Real and lasting change fails unless we can demonstrate that pockets of success add up to new structures, procedures, and service cultures that press for continuous improvement. You know how rare that kind of evidence is.

6. **Knowledge about the change process is misused.**
Change is systemic, and actions based on the knowledge of the change process must be systemic, too. Consider abuses of half-truths like these: Ownership is the key to change; lots of in-service training is required; the agency is the unit of change; vision and leadership are critical. You likely can think of several instances in which such platitudes were used to stifle change rather than foster it.

7. **Power to manage change is lacking.**
Change initiatives do not run themselves. They require that substantial effort be given to monitoring, keeping everyone informed, linking multiple projects, locating unsolved problems, and taking clear coping action. Change agents need LEGITIMACY—a clear license to steer, an explicit contract as to what kinds of decisions they can make and what they can spend.

*This list of pitfalls was adapted from "Getting Reform Right: What Works and What Doesn't" by Michael Fullan and Matthew Miles. Their article appeared in the June, 1993 issue of *Phi Delta Kappan.*

Module 3: What Comes Next?

Equipment

tables, chairs, and lectern
overhead projector and screen
pens/pencils and paper
laptop computers, disks, and printer

Materials

handouts
3-1: *Determining Membership*
3-2: *Assessing Strengths and Weaknesses*
3-3: *Developing a Mission Statement*
3-4: *Creating a Cooperative Agreement*

transparencies
3-1: *Dual Focus*
3-2: *Circle of Commitment*
3-3: *Assessing Organizational Structure*
3-4: *Assessing Attitudes*
3-5: *Assessing Knowledge*
3-6: *Criteria*

Time

Step A	5 minutes
Step B	10 minutes
Step C	30 minutes
Step D	30 minutes
Step E	25 minutes
Step F	40 minutes
Step G	15 minutes
Break	15 minutes
Step H	30 minutes
Step I	30 minutes
Step J	10 minutes
TOTAL	4 hrs.

Let's Get It Together!

Module 3: What Comes Next?

Step A (5 minutes)

FACILITATOR I--greet participants, welcome them to this training session, have them sit in their scenario groups, and tell them they're going to learn a process to apply when they're in their local settings.

Say something like...

> *Welcome to the third session. Instead of viewing you as a large training group of 30* (or whatever number is accurate), *FACILITATOR II's name and I now see you as 6* (or whatever number is accurate) *mini-partnerships. If you're not already seated as small groups by your scenarios, please rearrange yourselves now.*
>
> *Before you begin your work today, let me stress an important factor to keep in mind throughout the rest of the training. You're practicing interagency, interdisciplinary service coordination in response to your scenarios, but the emphasis is on learning a process you'll transfer beyond this training experience.*

Step B (10 minutes)

FACILITATOR II--lay the groundwork for formalizing collaboration by describing interagency partnerships and the circle of commitment.

Say something like...

> *I'm sure your question is the same as the title of this module:* ***What Comes Next?*** *Though you've already formed mini-partnerships for purposes of this training, I need to talk a little about formalizing collaboration.*
>
> *Interagency partnerships are far more than collections of agencies with a common purpose. They exist to create and implement systemic strategies for addressing the needs of individuals with disabilities and their families.*
>
> *Interagency partnerships have a dual focus akin to the goals of regional resource centers like Mountain Plains, which is based on the Drake University campus in Des Moines.*
>
> [Display transparency 3-1 and continue...]
>
> - *to meet the changing and emerging needs of education and human service professionals who serve persons with disabilities*
> - *to provide technical assistance and training to improve the quality of service coordination for children, youth, and adults with disabilities*
>
> *We service professionals realize we can't meet all needs of consumers and their families through a single agency. We need to be more efficient to be more effective.*
>
> *Linking joins professionals from multiple disciplines and agencies. It creates a cross-fertilization of ideas that can lead to more satisfied service providers and more creative solutions to complex problems.*
>
> *A wide range of resources, both human and material, must be invested in an interagency, interdisciplinary effort to improve services and outcomes for consumers and their families. The range can be depicted as a circle of commitment.*

[Display transparency 3-2 and continue...]

The circle of commitment has 6 elements:

- *Human—key stakeholders, staffs, and advisors in the interagency partnership*
- *Value—shared beliefs for the development of consumers and their families*
- *Financial—material resources invested by cooperating agencies*
- *Action—shared mission, cooperative agreement, and common goals for the interagency partnership*
- *Outcome—shared expectations for those served by the interagency partnership*
- *Renewal—shared long-term plan to review the course of the interagency partnership, celebrate unique contributions of each agency, and renew commitments*

Step C (30 minutes, including work time)

FACILITATOR II--describe a strategic meeting and give instructions for the small groups' task of determining membership.

Say something like...

> *The first step of the process is holding a strategic meeting—one in which people are brought together in combinations that are likely to effect change: new perceptions and new relationships. Interagency service coordination depends upon*

successful relationships among people in the cooperating agencies.

The size of each of your mini-partnerships is dictated by the number of participants in these training sessions. To plan effectively and meet the needs suggested in each of your scenarios, you probably wish you could expand your membership for a strategic meeting.
[Distribute handout 3-1 and continue...]

Use the handout FACILITATOR I's name is distributing to guide you in determining who should join your group. Have one person in your mini-partnership act as recorder and keep a master of responses. There's paper available if you need it. Also appoint a spokesperson who will share your team's responses in large group. You have 25 minutes to work.

Step D (30 minutes)

FACILITATOR I--call on each mini-partnership to share aloud the list of people added. Ask each spokesperson to summarize his/her team's reasons for the membership expansion. Allow 5 minutes per small group.

Step E (25 minutes)

FACILITATOR II--present the initial assessment format planners will use at the strategic meeting.

Say something like...

Because those people you've decided to add to your teams aren't part of this training group, you can't actually hold the strategic meeting. You can learn the elements of initial assessment of the readiness level of agencies to cooperate.

. *Preplanning assessment involves defining the local landscape of the service system already in place to identify an existing foundation for an interagency service coordination initiative. Let's look first at how to assess the strengths and weaknesses of potential partner agencies' structures:*

[Display transparency 3-3 and continue...]

- *Understand the diversity of the agencies. Diverse organizational structures make coordination a challenge. Each agency has its own philosophy, procedures, regulations, standards, roles, and responsibilities. This diversity can enrich the process of setting shared goals and will be important in evaluating the service coordination effort.*

- *Determine what cooperative agreements and planning processes are already in place. Many interagency relationships lack formalized agreements to guide their activities. These agreements are crucial to the development of coordinated activities because they define the common goals and objectives and the local authority for action.*

- *Examine the funding policies. Different agencies have evolved from separate funding streams and public laws. They have different eligibility requirements and different target groups of consumers. Changes in special education, general education, vocational technical education, and disability laws affect organizational priorities and alter the ways programs are expected to operate.*

- *Look at the existing data collection and reporting capabilities. Each agency establishes its own data collection means, reporting system, monitoring criteria, quality assurance standards, performance measurements, annual goals, and plans for services. Agencies must find ways to coordinate data collection and reporting systems.*

- *Consider the economic status. When funds for schools and community services are eroding and local economies are urging fiscal caution, the demand for accountability tends to increase. These forces can intensify the need to share resources.*

- *Identify geographic service boundaries. Educational and human service agencies have different operating territories that may make defining a target population for a local interagency partnership difficult. These boundaries should be taken into account as partnership cooperative agreements are being crafted.*

- *Assess the level of parent involvement and family supports needed. Since parent involvement is considered one of the most important factors in the success of students' transition into school, within school, and to postsecondary services, parents' understanding of, support of, and participation in the service coordination process must be determined when planners are dealing with services for children, adolescents, and young adults.*

[Display transparency 3-4 and continue...]

Next is assessing partnership attitudes:

- *Be sensitive to political pressures. As the economic pressures force agencies to economize, interagency planners must show how community linkages can contribute to cost-effective services.*

- *Be sensitive to perceived territorial threats. Encroachments of agencies upon one another's territory can threaten people's comfort with traditional ways of operating and making decisions. Collaborative initiatives usually result in changes in* *the way everyone conducts business, and this expectation should be made clear to all staff.*

- *Select leaders for continuity in interagency development. Many service coordination partnership failures can be traced to high turnover rates among key personnel in the cooperating agencies. Established relationships among energetic and enthusiastic leaders contribute to confidence and trust. As old links break apart through attrition, the system can weaken.*

[Display transparency 3-5 and continue...]

Last is assessing partnership knowledge:

- *Work to build understanding among agency personnel about represented organizations and missions. Education and community service sectors must understand one another, recognize differences in their missions, and value complementary strengths. Early interagency collaboration readiness seminars are worth every hour of time they take, and continued interagency training can keep the momentum high.*

- *Explore and share existing models for service coordination and interagency collaboration. There's no need to reinvent the wheel. By exploring a variety of organizational models and management practices, planners can adapt model practices for service coordination and interagency collaboration.*

- *Gain local college and university assistance. Many college and university representatives have formed relationships with local and state education agencies and community service organizations to provide resources and technical assistance. Graduate students can facilitate inservice training, and faculty can design instructional materials and develop grant proposals.*

[Distribute handout 3-2 and continue...]

This handout is a listing of the assessments I just covered. It's yours as a memory jogger when you conduct strategic meetings in your own local settings. Understanding what each agency can do and the differences in the kinds of commitments each can make will help interagency planners understand how they can function together as an effective team.

Step F (40 minutes, including work time)

FACILITATOR I--describe the beginning steps of local systems coordination, share the criteria for determining priority needs for services, and give instructions for the small groups' task of determining service priorities for their scenario populations.

Say something like...

Local systems coordination begins with

- *conducting an area-wide needs assessment*
- *identifying the service coordination functions required to address priorities revealed in the assessment*
- *clarifying which agency(ies) will take the lead*
- *assigning specific functions to specific agencies*
- *collaborating to identify and overcome service gaps and barriers, to increase the amount of service or the range of services, and to improve the quality of services*

No single agency can meet all individual consumer and family needs. An interagency partnership has a better chance, but *even its members are wise to determine priority needs for services.*

[Display transparency 3-6 and continue...]

- *Priority based on size of the consumer population in need—Consider which is the largest at-risk group. In any one agency, it might be individuals with limited English proficiency, substance abusers, consumers testing HIV positive, teenagers on probation, individuals with behavioral disorders, or some other group.*

- *Priority based on past resources—Consider the relative help given to different at-risk groups in the past. For example, perhaps many resources have already been targeted to help chronically ill children, and now there is a need to begin to help children who are in abusive families.*

- *Priority based on seriousness of the need—Consider the relative seriousness of the conditions for different groups of individuals. For example, some problems may represent threats to others (violent behavior or drug trafficking).*

- *Priority based on past exclusion of consumers—Consider the special needs of individuals who have been excluded in the past from agency services or certain school programs or activities. For example, until recently students with disabilities were excluded from general vocational and technical education classes because they were considered at risk of being hurt.*

- *Priority based on expectations for success—Consider the reasonable chance for program success. If service coordination support is limited, select a group of individuals most likely to benefit from services and show results.*

Your scenarios moved you beyond selecting the target group in need of services, but the narrative didn't specify which of the multiple needs of each population are paramount—most neglected in terms of services.

Your task now is to infer the needs implied by the scenario and determine which ones will be given priority for services. Again, have one person in your mini-partnership act as recorder and another as spokesperson for sharing your team's responses in large group. Choose different people than those who fulfilled the roles when you determined membership for a strategic meeting. You have 25 minutes to work.

Step G (15 minutes)

FACILITATOR II--call on each mini-partnership to share aloud the service priorities determined. Allow approximately 3 minutes per small group. At the close of the large-group sharing, give participants a 15 minute break.

Step H (30 minutes, including work time)

FACILITATOR I--share the fundamental rules to follow in developing mission statements and give instructions for the mini-partnerships developing their own mission statements.

Say something like...

Once service priorities have been determined and potential resources identified, the action phase of the collaboration can begin through the establishment of a shared mission.

No two mission statements will be identical. There are, however, some fundamental rules to follow in developing mission statements.

[Distribute handout package 3-3A, B, C and continue...]

The handout package FACILITATOR II's name *is distributing includes the fundamental rules to follow when developing a mission statement and two example statements. They'll guide you as your mini-partnerships complete the next task.*

Take 25 minutes to create mission statements for your mini-partnerships. You, of course, recognize creating a full-fledged document by consensus would be much more time-consuming in reality. If you can't cite all particulars granting your group authority, don't worry about it. The exercise should give you valuable experience for future collaborations.

As you work, have one person in each mini-partnership enter the mission statement on the laptop computer and save it on the accompanying disk.

Step I (30 minutes, including work time)

FACILITATOR II--share the elements of a cooperative agreement and give instructions for the mini-partnerships creating their own cooperative agreements.

Say something like...

A systematic strategy involves developing goals, activities, and approaches to address human needs in a coordinated and organized way. A cooperative agreement is essential to the development of effective interagency service coordination.

[Distribute handout 3-4 and continue...]

This handout lists the basics that comprise a cooperative agreement. The basics will guide your mini-partnerships in creating your own cooperative agreements.

You have 25 minutes to work—absolutely too brief for a process that would take several meetings of a planning team *but an adequate amount of time given the abbreviated nature of your scenarios.*

As you work, have one person in each mini-partnership enter the cooperative agreement on the laptop computer, saving it on the same disk on which the mission statement is stored.

Step J (10 minutes)

FACILITATOR I--have your co-facilitator collect the disks and print copies of each mini-partnership's mission statement and cooperative agreement while you give the homework assignment and close the module.

Say something like...

FACILITATOR II's name is printing copies of each mini-partnership's mission statement and cooperative agreement. We want each small group to have the feedback of the rest.

We're asking you to refer to handout 3-3A, Developing a Mission Statement, and handout 3-4, Creating a Cooperative Agreement, to apply the criteria to judge the effectiveness of the documents. Write your comments, suggested changes, etc. on the copies and bring them with you to the next session.

[Tell participants when and where the next session will be held.]

Materials for Module 3

Handouts
Transparencies

Let's Get It Together

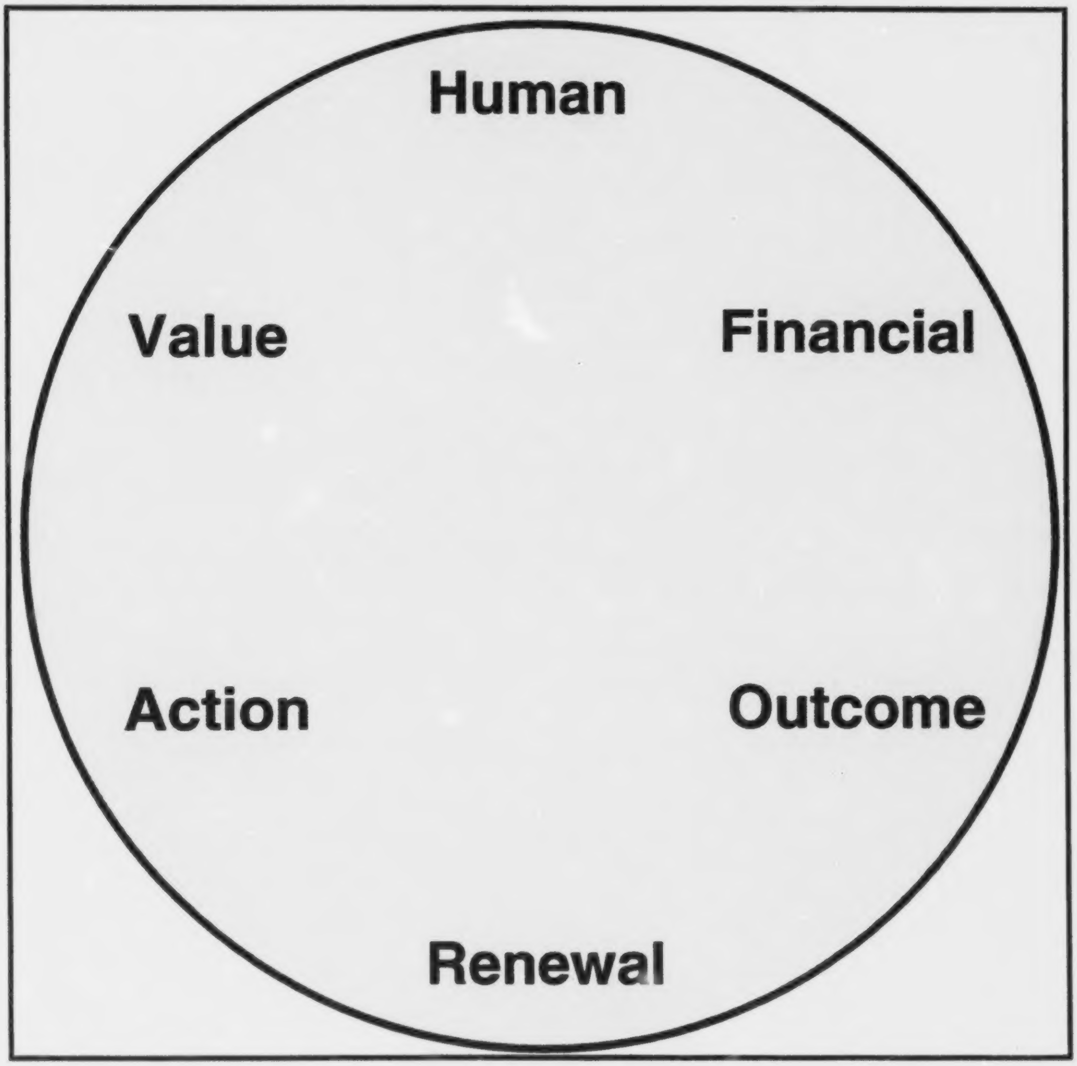
A Training Sequence
January 1997

MPRRC/Drake University &
Iowa Department of Education
Des Moines, IA

Dual Focus

- to meet the changing and emerging needs of education and human service professionals who serve persons with disabilities
- to provide technical assistance and training to improve the quality of service coordination for children, youth, and adults with disabilities

Circle of Commitment



Human

Value

Financial

Action

Outcome

Renewal

Assessing Attitudes

- Be sensitive to political pressures.
- Be sensitive to perceived territorial threats.
- Select leaders for continuity in interagency development.

Assessing Knowledge

- Work to build early understanding among agency personnel about represented organizations and missions.
- Explore and share existing models for service coordination and interagency collaboration.
- Gain local college and university assistance.

Criteria

- Size of consumer population in need
- Past resources for meeting needs
- Seriousness of need
- Past exclusion of consumers
- Expectations for success

Determining Membership

Use the questions to help you determine the best membership for a strategic meeting. Following your discussion, list by titles on the back of this handout those people you're going to add to your team.

1. Who among all of the stakeholders can best help in defining goals and making decisions?

2. What combination of people is most likely to identify service coordination needs?

3. Which teams or groups most need to change their attitudes, perceptions, and relationships?

4. Who are the best champions?

5. What/who is the weakest link?

6. How can supporters influence the skeptics?

7. What is needed to get state, regional, and local personnel working together?

Assessing Strengths and Weaknesses

Following is a format for assessing structure, attitudes, and knowledge.

Assessing the Organizational Structure of Cooperating Partners

- Understand the diversity of the agencies.
- Determine what cooperative agreements and planning processes are already in place.
- Examine the funding policies.
- Look at the existing data collection and reporting capabilities.
- Consider the economic status.
- Identify geographic service boundaries.
- Assess the level of parent involvement and family supports needed.

Assessing the Attitudes of Cooperating Partners

- Be sensitive to political pressures.
- Be sensitive to perceived territorial threats.
- Select leaders for continuity in interagency development.

Assessing the Knowledge of Cooperating Partners

- Work to build early understanding among agency personnel about represented organizations and missions.
- Explore and share existing models for service coordination and interagency collaboration.
- Gain local college and university assistance.

Developing a Mission Statement

State the context or history. In a brief introductory paragraph, describe the partnership, how it was initiated, the current needs it addresses, and how it improves current practices.

Give the authority. In one section, refer to the local, state, and federal laws, regulations, and policies that authorize the agreement.

Share the purpose and the expected outcomes. In another section, make a broad statement of what the partnership expects to accomplish and what results it will bring for the participants.

Outline roles and responsibilities. Within the statement, describe broadly what each cooperating partner will do.

Example Mission Statement

Local Cooperative for Early Intervention and Early Childhood Services*

(**Context/history**) In 1988, Hereford County established a countywide system of services to develop a comprehensive, coordinated, multidisciplinary, interagency program of early intervention services for infants and children with disabilities and their families. The partnership includes the Hereford County Public Schools, Special Education Division, and the Department of Family Resources.

(**Purpose**) One purpose of the partnership is to develop individualized family service planning to assist young children as they transition from early intervention services into Head Start, other public early childhood programs, and elementary programs. Another purpose is to encourage and provide for the cooperation, collaboration, and integration of efforts in the interagency planning for special needs children and their families as they prepare to enter the public educational system.

(**Authority**) The partnership is a response to the IDEA, Part H (PL. 99457 and PL. 101-476 Amendments) requirements to expand the state and local capacity to provide quality early intervention services, to expand and improve existing early intervention services, and to create linkages with public education.

(**Broad goal**) To accomplish this mission and to prevent duplication of services to infants, toddlers, and children, each partner agrees to participate in regular meetings for the purposes of sharing information, identifying available resources, and improving participant referral procedures. To provide improved early intervention services and to address the needs of families, each partner agrees to coordinate the efforts of respective service delivery staff to achieve the goals.

**A composite drawn from multiple statements representing multiple localities*

Example Mission Statement

Partnership Mission Statement for Mariner County

(**Context/history**) Mariner County Public School District and the community it serves recognize the need to expand upon and improve the educational training and employment opportunities of youth. In 1988, Mariner County Public School District established the Work Readiness and Training Partnership, a countywide school-to-work skills development and employment training program with Pacific National Bank and Trust. The partnership includes the Mariner County Public Schools, the Human Resource and Development Department of Pacific National Bank and Trust, and the Mariner County Department of Social Services.

(**Purpose**) One purpose of the partnership is to provide social services and on-the-job skills development and employment experience at Pacific National Bank and Trust for Mariner County high school juniors and seniors. Another purpose is to encourage and provide for the cooperation, collaboration, and integration of Mariner County faculty and staff in the planning and implementation of Pacific National Bank and Trust's work training program.

(**Authority**) This partnership is in accordance with the School Board of Mariner County's mandate to expand and improve upon existing vocational and career preparation programs and opportunities for the youth of Mariner County and is consistent with State Regulation 64-5678, which offers incentives to businesses to develop partnerships with educational and human service agencies.

(**Broad goal, roles, and responsibilities**) Each partner agrees to participate in the development of appropriate curriculum materials to assist in the needed career orientation and skills preparation for participating youth. While students are in training, Pacific National Bank and Trust will provide summer and part-time, after-school employment. Pacific National Bank and Trust will give priority hiring to Mariner County High School's graduates, and they will continue to be served by the Department of Social Services.

*Reprinted from Kochhar & Erickson, *Partnerships for the 21st Century: Developing Business—Education Partnerships for School Improvement* (1993). Aspen Publishers, Inc.

Creating a Cooperative Agreement

Incorporate the purpose section of the mission statement--use it as the opening of the agreement.

Identify each partner by full name and describe its resource contributions to support the interagency, interdisciplinary relationship--include staff, funds, equipment, consultation time, vehicle use, space, etc. and state the duration of resource commitments.

Describe the activities to be performed by each partner to achieve the cooperative goals--give the authority of the service coordinator and the interagency planning team.

Define the expected results for consumer groups being served, for the cooperating partners, and for the community--describe the evaluation methods to be used.

Establish a timetable for the activities--enter the date the agreement takes effect, the schedule for accomplishing objectives, and the times for reviewing, modifying, and terminating the agreement.

Module 4: How Do We Keep the Process Rolling?

Equipment

tables, chairs, and lectern
overhead projector and screen
markers and large sheets of paper
rulers and masking tape
laptop computers, disks, and printer

Materials

handouts
4-1: *Interagency, Interdisciplinary Service Coordination Models*
4-2: *Types of Coordination*
4-3: *Essential Management Tasks*
4-4: *Sample Job Descriptions*
4-5: *Guides for Consideration of Caseload Difficulty*
4-6: *Action Plan*

transparencies
4-1: *Essential Management Tasks*
4-2: *Issues Related to Selecting the Lead Agency*
4-3: *What It Takes To Be a Service Coordinator*
4-4: *Service Coordination Demands*

Time

Step A	45 minutes
Step B	10 minutes
Step C	30 minutes
Step D	45 minutes
Break	15 minutes
Step E	20 minutes
Step F	20 minutes
Step G	25 minutes
TOTAL	3 hrs. & 30 mins.

Let's Get It Together

Let's Get It Together!

Module 4: **How Do We Keep the Process Rolling?**

Step A. (45 minutes, including work time)

FACILITATOR I--welcome participants back, have them share their evaluative comments about the effectiveness of the mini-partnerships' mission statements and cooperative agreements, and give instructions for the first small-group activity.

Say something like...

> *My co-facilitator and I are glad to see you back at the fourth session with, we assume, your homework done. At the close of the last session, we asked each of you to write your evaluative comments on the drafts of the mini-partnerships' mission statements and cooperative agreements. Please make sure you're seated by mini-partnerships and then distribute your copies bearing written comments to the appropriate mini-partnerships.*
>
> [Allow a little time for participants to seat themselves in their mini-partnerships and distribute their written comments and then continue...]
>
> *Now that each mini-partnership has the comments from the members of all others, review them, weigh the merits of suggested changes, and decide which comments you're going to acknowledge by altering the mission statement, the cooperative agreement, or both documents. Finally, make the revisions on the stored copies on your disk. You have 40 minutes to work.*
>
> [When the mini-partnerships have finished their work, collect the disks and print revised copies of the mission statements and the cooperative agreements for the members of each mini-

partnership. There's no need for participants to receive revised copies of the documents for mini-partnerships outside their own.]

Step B (10 minutes)

FACILITATOR II--acknowledge the members of each mini-partnership will receive revised copies of their small group's mission statement and cooperative agreement, set the stage for moving to the management of service coordination, and share some management models.

Say something like...

> *FACILITATOR I's name is making copies of each mini-partnership's mission statement and cooperative agreement for the partnership's members; he/she will give them to you in a few minutes. It's time now to move to the management of service coordination as the answer to this module's title: How Do We Keep the Process Rolling?*
>
> *When I discussed assessing partnership knowledge during the last session, I said there were models of interagency, interdisciplinary service coordination available and there's no need to reinvent the wheel. I'm giving you a summary of the most common.*
>
> [Distribute handout 4-1, give participants a few minutes to look over the models, and continue...]
>
> *The decision about what model to adopt/adapt must be based on the unique conditions of the service system. Here are some key factors to be taken into account:*
>
> - *the range of services available and the complexity of service needs*
> - *the system's fiscal health*

- *the political climate and the style and quality of leadership*

- *the demographics of the consumer population and the larger community*

- *the degree and rate of change within the service system*

- *the service philosophies in operation*

Step C (30 minutes, including work time)

FACILITATOR I--give participants the promised copies of their mini-partnerships' mission statements and cooperative agreements, discuss the three types of coordination management structures, and give instructions for the mini-partnerships charting their types of coordination.

Say something like...

Here are the copies of your mini-partnerships' revised mission statements and cooperative agreements.

[Distribute the copies and continue...]

They are the bases on which you will build the management structures for your mini-partnerships.

As this handout depicts, there are three types of coordination: simple, joint, and centralized.

[Distribute handout 4-2 and continue...]

Take a look at the Simple Coordination graphics. In each one, two agencies are involved in a partnership. Management responsibility is taken by only one partner. The lead agency provides the direction and designates a service coordinator.

The Joint Coordination graphics display just what the label implies: Agencies coordinate interagency activities from *within their respective organizations. Each agency designates a service coordinator and has several individuals working as a team. The lead team coordinates the partnership activities.*

The most complex are the Centralized Coordination graphics. A central unit serves as a link for all collaborating agencies. The unit is a single point of referral or admission for consumers and their families needing to access services from a variety of agencies, for other organizations seeking to join the partnership, and for agencies outside the jurisdiction wanting to coordinate services on a regional basis.

Each one of your mini-partnerships needs to determine the management structure to use and create a graphic to depict it. FACILITATOR II's name is giving each small group a large sheet of paper, some markers, some rulers, and a roll of masking tape. Take 20 minutes to talk together about the management structure you want to form, draw it, and tape the paper on the wall nearest your table.

Step D (45 minutes, including work time)

FACILITATOR II--describe the essential management tasks, explore the issues related to selecting the lead agency, and give the mini-partnerships instructions for selecting their lead agencies and assigning specific duties.

Say something like...

Regardless of the structure of the service coordination program, there are some essential management tasks.

[Display transparency 4-1 and continue...]

Budget and funding responsibilities *– The service coordination partnership needs to track the resource contributions from the collaborating members. Keep track of personnel, operating, and training expenses; income sources; in-kind resources (office* *space, paper, telephone, etc.); materials and equipment; staff and volunteer hours (computed in wages); and fund-raising expenses.*

Recordkeeping–*Several types of information need to be collected on an ongoing basis: descriptions of services provided, number of people served, satisfaction of consumers and their families, number of volunteers involved, hours of agency personnel, baseline data before services begin, outcomes of services, etc.*

Public relations–*Maintaining communication with the community is an important aspect of service coordination. Look for personnel within collaborating agencies who have talent and interest in public relations activities, graphic arts, and writing.*

Progress reports–*Reporting on progress of the service coordination is an integral part of all management steps. The information can be gathered from individual records, anecdotal reports, surveys, observations, tests, health records, interviews, etc. You may want to report through monthly updates on activities and consumers' use of services; midyear assessments of the project's strengths and needs; annual progress assessments; multi-year, long-range views; agency, community, and business newsletters, local newspapers, and other media.*

Staff recruitment, orientation, and development– *Part of the management decision-making involves recruiting and training staff.These responsibilities typically belong to the designated agency liaison.*

Monitoring and quality management–
Monitoring is conducted to ensure the agencies and coordinating unit are providing the resources, services, and other benefits that were intended in the interagency cooperative agreement.

Partnership effectiveness*–Evaluation of the benefits of the interagency relationship is essential for its long-term continuation.*

Many of the management tasks can be shared by personnel of participating agencies, or it's possible for the lead agency personnel to handle all of them. No matter how the tasks are divided, there should be a lead agency(ies) designated. There are some issues related to selecting the lead agency(ies) that need to be considered.

[Display transparency 4-2 and continue...]

- *Is the agency operating under a clear state or federal mandate?*

Perhaps the most important issue is that of discretionary services vs. entitlement services. Improved outcomes for consumers and their families are more likely to occur if the basic services and supports are required by law (entitlement) as opposed to being dependent upon agency choice of provision (discretionary). When several services need to be coordinated across agencies and only one or two agencies are required by law to serve, leadership comes best from an agency operating under a clear state or federal mandate.

- *Does the agency have stable funding?*

Though there are creative ways to tap funds for service coordination efforts, it's helpful if the lead agency has a secure funding source that can cover some functions.

- *Does the agency administer a broad range of services for a broad range of special needs?*

Obviously the broader the ranges, the more coordination activities will be involved.

- *Does the agency have highly developed local* *and state reporting mechanisms and data base management capabilities?*

The more sophisticated the operation, the more efficient you'll be in gathering and reporting information.

- *Does the agency rank the interagency service coordination function highly?*

There's no sense in having coordination leadership come from a reluctant group of people.

- *Will the agency grant authority to service coordinators to negotiate with directors of service programs?*

Differentiated staffing is an applicable label. You don't want the delays caused by coordinators having to constantly work through the chain of command.

Now, you can keep the process rolling for your mini-partnerships. I'm going to leave the transparency on the overhead so you can use the questions to guide you in determining which agency(ies) will take the lead for each of your teams. Then, go one step further and assign specific management tasks to your member agencies.

[Distribute handout 4-3 and continue...]

This handout reminds you of the essential management tasks. Take 15 minutes to complete your work.

[When participants have finished, give them a 15 minute break.]

Step E (20 minutes)

FACILITATOR I--share the genesis of the title *service coordinator*, describe the areas of competency for a service coordinator, and give participants example job descriptions.

Say something like...

> *A key person for carrying out many of the essential management tasks is the service coordinator. It's worthwhile to take a closer look at the title itself.*
>
> *The regulations under Part H of the Education of the Handicapped Act Amendments of 1986 and 1991 introduced the term service coordinator in place of the more commonly used case manager to steer away from the idea that consumers and their families need to be managed, handled, or controlled.*
>
> *A review of the literature and current service coordination programs shows service coordinators need to be proficient in twelve areas of competency.*
>
> [Display transparency 4-3 and continue...]
>
> > *1. Information and Referral*
> >
> > *Service coordinators need to recognize community networks and know how to use them to inform the community about interagency planning and service coordination. They need to understand agency networks and be able to use them to reach target populations and to facilitate referral arrangements.*
> >
> > *2. Intake and Screening*
> >
> > *Service coordinators need to understand the strategies and procedures for bringing consumers into the system. They also need to know the basics of consumer screening to determine eligibility for relevant programs and services.*
> >
> > *3. Assessment and Diagnosis*
> >
> > *Service coordinators must have knowledge of the special needs populations in their communities. They must be familiar with applicable assessment tools and techniques*

and be able to select and use assessment procedures appropriate to the needs of consumers and their families.

4. Individual Program Planning and Development

Service coordinators need strong organizational skills and a talent for writing. They must be able to lead others in developing plans for individuals and groups, structure group activities, and assess group dynamics. They often are given final responsibility for group documents and for much of the required correspondence.

5. Service Coordination and Linking

Coordinators have to know the service agencies they're to be involved with--their missions, their organization structures, and the populations they serve. They need to have a working knowledge of several service coordination models.

Coordinators must be familiar with various aspects of service linking at individual and interagency levels, including referrals, visitation and meeting arrangements, negotiation of support services, and procurement of assistive technology. They need to have mastered strategies for running successful meetings and facilitating group problem-solving.

6. Service Monitoring and Follow-along

Specifics include gleaning helpful information from home visits, case conferences, and interdisciplinary planning teams as well as tracking funding arrangements, accessing computerized information systems, and reviewing individual recordkeeping procedures.

7. Individual and Interagency Advocacy

Whether working at the state, local interagency, or single agency level, service coordinators must know how to get people to think productively about new service relationships. They must be able to communicate the benefits of service coordination in terms of efficiency and improved outcomes for consumers and their families.

They need to know the laws governing service coordination, being familiar with the protective rights of special populations and their families. They need to be assertive advocates.

8. Service Evaluation and Follow-up

Service coordinators should be familiar with the basic concepts of evaluation and be able to conduct both consumer and organizational follow-up.

9. Family-centeredness

Coordinators need a knowledge of family dynamics, family systems theory, and family development as well as awareness of available family-related support services. Facilitating family participation in decision-making about services and goods requires skills in assessing family needs and problems.

10. Personal Development

Service coordinators are people first, and they must be people others respect and trust. They should be self-confident, persuasive, and determined to promote service coordination. They need to be able to make others feel welcome and needed, and they must be effective public speakers. They must be able to work independently and be patient and persistent in the face of opposition.

11. Human and Social Sensitivity

Communication begins with finding common ground. Coordinators must be able to acknowledge the needs and concerns of cooperating agencies and consumer groups. Such acknowledgments can come only from recognizing and valuing differences.

12. Budget Management

In some interagency systems, service coordinators have direct control of funds for purchasing services. In many, they are expected to assist with fiscal planning and accountability. Mastery of basic budgeting skills, familiarity with accounting software, and an understanding of the political influences at play are becoming increasingly significant proficiencies.

Coordinators can be misused and abused without the protection and accountability a clear job description provides. Here are two example job descriptions that will give you a rough framework for assessing other descriptions you may encounter.

[Distribute handout 4-4 and give participants a few minutes to read the descriptions.]

Step F (20 minutes)

FACILITATOR II--lead a discussion to determine participants' assessment of caseload sizes service coordinators in their regions have, share the five major activity categories and the probable consumer contact demand of each, and give participants the guides for considering level of difficulty.

Say something like...

Even though people are ceasing to use the title *case manager,* *there definitely is a caseload size issue worth discussing. What* *is the average caseload size in your locales? Too small? Just right? Overwhelming?*

[Allow participants to vent a little and then continue...]

There are currently no state or national standards for caseload size. Service coordinators agree such standards are needed and should take into account amount of contact required for the consumer.

[Display transparency 4-4 and continue...]

1. *Information and referral--The individual requests information and referral to the appropriate agency or support service, requiring research, networking, and short-term contact.*

2. *Assessment--The consumer wants service coordination support and needs assessment to determine placement, requiring intensive but often short-term contact.*

3. *Active service coordination--the consumer needs intensive support and ongoing contact.*

4. *Follow-along--The consumer is placed into a secondary or postsecondary program and requires occasional contact and support.*

5. *Tracking and follow-up--The consumer needs no support, but information is collected on the consumer's placement into and completion of programs for long-term follow-up.*

Caseload size should be smaller when a coordinator has several consumers in phases 1-3 and larger when most of the coordinator's consumers are in phases 4 and 5.

[Distribute handout 4-5 and continue...]

This handout should be useful to you when you're trying to persuade others in your service system to create some standards for caseload size determination.

Step G (25 minutes, including work time)

FACILITATOR I--review the process steps the participants have already taken, explain the importance of action plans, give instructions for the mini-partnerships creating action plans, and close the module.

Say something like...

Let's review the process steps you've already taken. You formed mini-partnerships; formalized collaboration by holding a strategic meeting, expanding membership, and assessing partner agencies' structures, attitudes, and knowledge; determined service priorities; developed mission statements; created cooperative agreements; chose management structures; selected lead agencies; assigned specific functions; and named service coordinators. No wonder you're a little weary as you approach the end of module 4!

Earlier, I said the action phase begins with the development of a mission statement. In truth, every stage is an action phase and deserves an action plan. There's nothing esoteric about an action plan; it's a straightforward listing of the activities/steps that must be carried out to meet the target, of who is responsible for each of the activities/steps, of completion dates, of needed resources, and of status checks.

To give your mini-partnerships some experience in designing action plans, ***FACILITATOR II's name*** *and I have designated the target of informing the community about the collaborative initiative.*

[Distribute handout 4-6 and continue...]

Take 20 minutes to name the Action Group (probably a sub-committee of your mini-partnership), lay out the steps, assign *the responsibilities either by actual names or position titles, set the completion dates, and determine needed resources. The status column is for monitoring and won't be filled in now. Since you won't be sharing your plan in large group, there's no need to keep a master; each of you may fill out the form.* *FACILITATOR II's name* *and I will stop by your work tables to see how you're doing.*

[When the work time is up, close the module and let participants know where and when the next session will be held.]

Materials for Module 4

Handouts
Transparencies

Let's Get It Together

A Training Sequence
January 1997

MPRRC/Drake University &
Iowa Department of Education
Des Moines, IA

Essential Management Tasks

- Budget and funding responsibilities
- Recordkeeping
- Public relations
- Progress reports
- Staff recruitment, orientation, and development
- Monitoring and quality management
- Partnership effectiveness

Issues Related to Selecting the Lead Agency

- Is the agency operating under a clear state or federal mandate?
- Does the agency have stable funding?
- Does the agency administer a broad range of services for a broad range of special needs?
- Does the agency have highly developed local and state reporting mechanisms and data base management capabilities?
- Does the agency rank the interagency service coordination function highly?
- Will the agency grant authority to service coordinators to negotiate with directors of service programs?

What It Takes To Be a Service Coordinator: 12 Areas of Competency

1. Information and referral
2. Intake and screening
3. Assessment and diagnosis
4. Individual program planning and development
5. Service coordination and linking
6. Service monitoring and follow-along
7. Individual and interagency advocacy
8. Service evaluation and follow-up
9. Family-centeredness
10. Personal development
11. Human and social sensitivity
12. Budget management

Service Coordination Demands

Category of Activities	Amount of Consumer Contact
Information and referral	Short-term
Assessment	Intensive but short-term
Active service coordination	Intensive and ongoing
Follow-along	Occasional
Tracking and follow-up	Seldom

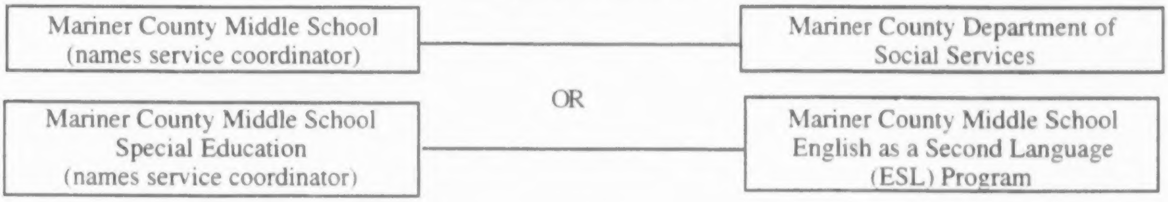
Interagency, Interdisciplinary Service Coordination Models

Model	Key Features
State-level interagency planning model	State interdisciplinary and interagency initiatives are sometimes responses to federal policies and sometimes emerge independently. They involve partnerships between one or more agencies to • assess statewide needs • identify funds to support local service coordination • advocate for target populations • ensure continuity of and access to services • provide training for service coordinators • engage in cooperative planning and policy development • reduce service duplication • develop and/or fund local interagency projects State governments and agencies play a pivotal role in stimulating and shaping local service coordination.
Local systems coordination model	Service coordination activities have their greatest direct impact at the local level. Many local service systems are adapting the core services model for linking consumers with services. The interagency system defines essential core service coordination functions and then determines the agencies that will provide these services. Once identified, these agencies • conduct area-wide needs assessments • identify the service coordination functions required to address priorities the assessments revealed • clarify which agency(ies) will take the lead • assign specific functions to specific agencies • collaborate to identify and overcome service gaps and barriers, to increase the amount of service or the range of services, and/or to improve the quality of services
Family model	This model is evolving from a tradition of service coordination being provided by the family. In many cases, the consumer's family acts as service coordinator. Some service systems are providing families with information, training, and support groups to enable them to be better coordinators and more informed advocates.

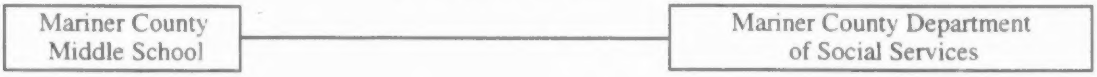
Supportive care model	This model relies on the natural support structures in a community. Community members are matched with consumers to serve as their personal care workers. Varying versions are used in rural areas of the U.S. and in developing nations.
Volunteer model	Many agencies and service systems use volunteers to carry out service coordination activities. The volunteer model is similar to the supportive care model, but it has no paid workers. Volunteers provide the coordination services and are supervised by agency personnel.
Federal systems model	This model uses a variety of strategies that link the activities of several national health, education, and human service agencies. The purpose of federal-level interagency initiatives is to set an example or provide leadership to stimulate similar efforts at state and local levels. These initiatives establish linkages for distributing responsibilities for specific services or populations. They may include interagency planning, joint goal-setting, joint research/demonstrations, and shared financial and human resources.
Comprehensive model	Within this model, service coordinators are involved in a variety of activities that affect service outcomes at the individual and interagency levels. It calls for a cadre of service coordinators who perform activities that affect consumers and the services system as a whole: • increasing service access to target groups • affecting service priorities and service distribution by acting as gatekeepers for access to services and by communicating consumer needs to administrators and other decision-makers • improving communication across agencies and disciplines by developing and engaging participants within the system in a common language for talking about services and service coordination • providing quality assurance by monitoring delivery of interdisciplinary and interagency services • helping participants engage in problem-solving by providing constructive intervention and trouble-shooting • assigning by agency(ies) specific service coordination functions • collaborating to identify and overcome service gaps and barriers, increase the amount/range of services, or improve the quality of existing services

Types of Coordination

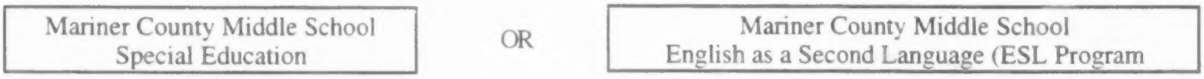
Simple Coordination


Mariner County Middle School (names service coordinator)
Mariner County Department of Social Services
OR
Mariner County Middle School Special Education (names service coordinator)
Mariner County Middle School English as a Second Language (ESL) Program

Joint Coordination

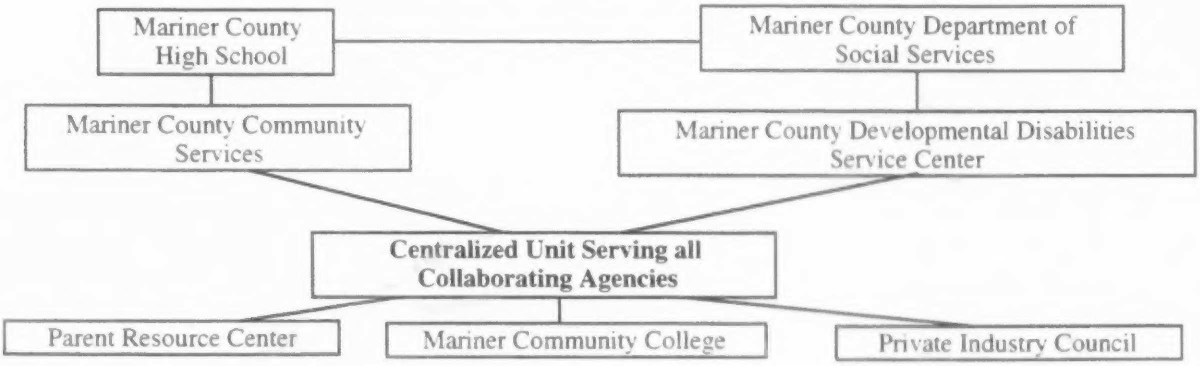

Mariner County Middle School
Mariner County Department of Social Services

(joint coordination team includes coordinator from each agency)

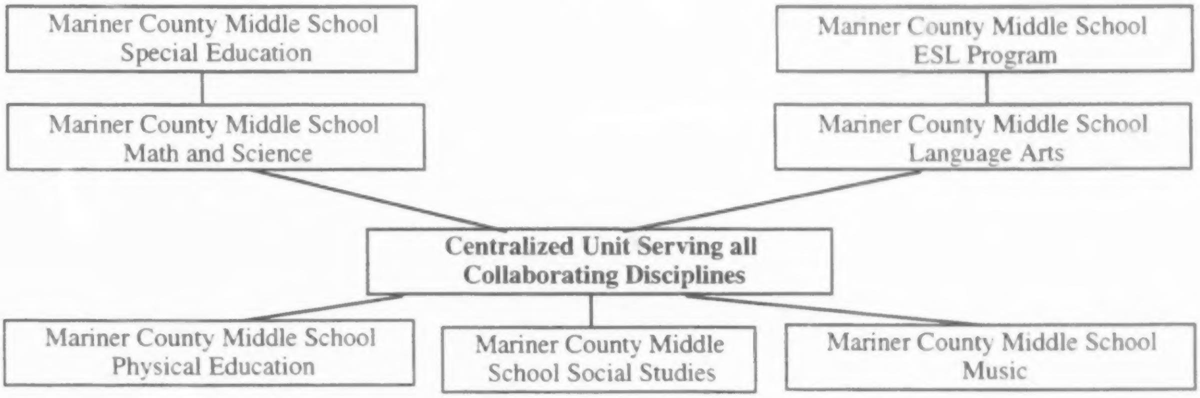

Mariner County Middle School Special Education
OR
Mariner County Middle School English as a Second Language (ESL Program

(joint coordination team includes coordinator from eachdiscipline)

Centralized Coordination


Mariner County High School
Mariner County Department of Social Services
Mariner County Community Services
Mariner County Developmental Disabilities Service Center
Centralized Unit Serving all Collaborating Agencies
Parent Resource Center
Mariner Community College
Private Industry Council

OR


Mariner County Middle School Special Education
Mariner County Middle School ESL Program
Mariner County Middle School Math and Science
Mariner County Middle School Language Arts
Centralized Unit Serving all Collaborating Disciplines
Mariner County Middle School Physical Education
Mariner County Middle School Social Studies
Mariner County Middle School Music

Essential Management Tasks

- Budget and funding responsibilities
  (Keeping track of personnel, operating, and training expenses; income sources; in-kind resources--office space, paper, telephone, etc.; materials and equipment; staff and volunteer hours--computed in wages; and fund-raising expenses)
- Recordkeeping
  (Recording descriptions of services provided, number of people served, satisfaction of consumers and their families, number of volunteers involved, hours of agency personnel, baseline data before services begin, outcomes of services, etc.)
- Public relations
  (Handling the marketing of the service coordination initiative)
- Progress reports
  (Reporting the progress of the service coordination in terms of activities and consumers' use of services, assessments of the project's strengths and needs, etc.)
- Staff recruitment, orientation, and development
  (Taking responsibility for attracting staff, orienting them, and training them)
- Monitoring and quality management
  (Ensuring the agencies and the coordinating unit are providing the resources, services, and other benefits that were intended in the interagency cooperative agreement)
- Partnership effectiveness
  (Evaluating the benefits of the interagency relationship)

Sample Job Description #1
Service Coordinator--Social Services Agency*

Qualifications	Bachelor's degree in human services and one year of relevant experience
Role	The Service Coordinator I position is a direct service provider and an information and referral agent for individuals needing services from the agency. The position is supervised by the Agency Director.

Functions

Identifies eligible individuals Visits the individuals referred to the agency by the courts, community agencies, police, mental health clinics, etc. and develops case histories.

Determines needs Conducts consumer and family needs assessments, develops social histories, collects additional assessment information from others who have relevant knowledge about the consumer.

Determines resources Locates and engages resources to meet consumer and family needs through contract arrangements with public and private provider agencies/professionals within and beyond the catchment area.

Develops individual service plans Participates in team meetings, takes final responsibility for development of the plan document, which includes goals, financial aid needs, referrals, additional assessments needed, services to be provided, service priorities, contact schedules, activities schedules, persons responsible for services, and achievement criteria for services.

Develops and maintains individual records Maintains log of service coordination activities, including appointments and visits, services contracted, service barriers identified and addressed, contact notes, changes in service plans, and any other relevant information.

Advocates and follows along Assists the consumer in making service appointments, locates potential housing, assists family in accessing needed services, intervenes in court actions, assists in admission to services, counsels family, assists with placements. Provides/procures transportation and conducts outreach home visits as needed.

Engages in administrative/professional development Participates in inservice training and workshops, staff meetings, briefings by resource agencies, and service evaluation activities.

**A composite drawn from multiple job descriptions*

Sample Job Description #2
Service Coordinator--Early Intervention*

Qualifications Master's degree in early childhood education or early intervention or other relevant human service area and one year of relevant experience OR bachelor's degree and two years of relevant experience.

Role The Service Coordinator II position is an interagency liaison and supervisor for direct service coordinators for the community's infants and toddlers. The position is supervised by the Program Director of Early Intervention Community Programs, Department of Health.

Functions

Supervises direct service coordinators Supervises a team of five early intervention service coordinators who conduct outreach to families of at-risk children, do assessments, conduct home visits, manage information dissemination and referral, facilitate development of individual family service plans, and conduct monitoring and follow-up.

Evaluates early intervention service coordination activities Conducts evaluation and quality assurance activities to assess services. Evaluation includes record reviews, interviews with consumers, interviews with service providers, interviews with service coordinators, and review of follow-up reports. Writes evaluation summaries for the Director.

Determines needs Conducts area-wide needs assessments and family needs assessments and writes assessment reports for the Director. Presents assessment and evaluation summaries to the Interdisciplinary Board.

Determines resources and links agencies Seeks out resource providers and invites agencies to join the early intervention planning consortium, which includes educational agencies, family services, diagnostic and assessment centers, public health services, social service agencies, parent support groups, Medicaid and other insurance agencies, substance abuse services, allied health agencies, mental health services, and others. Identifies and pursues resources needed to meet the needs identified in the area-wide assessments through contract arrangements with public or private provider agencies/professionals within and beyond the catchment area.

Develops area service development plans Prepares annual service development plans, including schedule of interdisciplinary planning team meetings and goals for interagency collaboration; reviews and revises annual interagency plan, including goals and objectives; participates in budget development.

Engages in administrative and professional development Participates in inservice training, workshops, and administrative meetings.

**A composite drawn from multiple job descriptions*

Guides for Consideration of Caseload Difficulty

- Types of service coordination status levels assigned for consumers with differing levels of need for support
- Consumer population age
- Consumer disability types and severity
- Number of functions assigned to the service coordinator
- Complexity of consumer and family needs
- Size and complexity of overall service system (urban with high service concentration or rural with low service concentration)
- Geographic spread of services (large in rural, small in urban)
- Direct service responsibilities added to the service coordinator's workload
- Special tasks added to the service coordinator's workload (e.g., task force membership, interagency liaison role, needs assessment designer)
- System responsibilities added to the service coordinator's workload (service needs reporting, computerized data reporting, etc.)

Action Plan

Action Group ________________________________

Target Informing the community about the service coordination initiative

Activities/Steps	Who's Responsible?	By When?	What Resources?	Status?

Comments--____

Module 5: Can We Measure Our Success?

Equipment

tables, chairs, and lectern
overhead projector and screen
pens/pencils, paper, stapler
flip chart sheets from Module 2 (challenges)
flip chart, easel, markers, and masking tape

Materials

handouts

5-1: *Individual-level Outcomes*
5-2: *Interagency-level Outcomes*
5-3: *Three Vignettes*
5-4: *Evaluation Questions*
5-5: *A Sampling of Methodologies*
5-6: *The Ten Action Steps*
5-7: *Action Plan Worksheet*
5-8: *The Pittsburgh Promise: A Hard-hitting Critique*
5-9 *Common Evaluation Weaknesses*
5-10 *An Assignment*

transparencies

5-1: *The Key Question*
5-2: *Analysis Task #1*
5-3: *Cost–Benefit Questions*
5-4: *Categories Based on Timing & Purposes*
5-5: *Performance Measures*
5-6: *Measures Your Evaluations Should Encompass*
5-7: *Two More Definitions*
5-8: *Analysis Task #2*
5-9: *Common Weaknesses*
5-10: *Three Principles*

Let's Get It Together

Module 5: Can We Measure Our Success? *(Continued)*

Time	Step A	30 minutes
	Step B	10 minutes
	Step C	15 minutes
	Step D	35 minutes
	Step E	30 minutes
	Break	15 minutes
	Step F	20 minutes
	Step G	30 minutes
	Step H	20 minutes
	Step I	15 minutes
	Step J	5 minutes
	TOTAL	3 hrs. & 45 mins.

Let's Get It Together!

Module 5: **Can We Measure Our Success?**

If you plan to include **Step A**, post the flip chart sheets of challenges the mini-partnerships gave to you as part of Module 2 before you begin this session. Make sure you've determined ahead of time which challenges have been/will be addressed in this training sequence of six modules. If you have not done Modules 1-4 in order, you'll want to begin this module with **Step B**.

Step A (30 minutes)

FACILITATOR II--greet participants, set the focus for this module, introduce the first analysis task, and lead the ensuing discussion.

Say something like...

> *(FACILITATOR I's name) and I welcome you to Session V! Since our first meeting together, everything we've done has been structured around questions—questions key to understanding and implementing service coordination at the interagency level. This session will be no different.* [Display transparency 5-1.]
>
> *Today, the focus is on this question:* ***Can we measure our success?*** *What you'll be doing is making explicit a process you've been applying implicitly since you began: the evaluation process. That's because weighing the consequences of choices—before you make them, while you're acting, and after the fact—are inherent to human rationality.*
>
> *Though evaluation has been ongoing at every step, the process is so important to successful interagency coordination that it merits examination on its own. Furthermore, in any process there's a time for looking back to where you've started, seeing how far you've come, and noting in what directions you've traveled.*

We're going to talk about formalized evaluation processes today and look at important concepts, terms, and structures. Before we start that, though, I'm asking you to get together in your mini-partnerships and consider some lists you made for us quite awhile ago. They're posted on the walls where you can see them.

They're there so you can start this session on evaluation by taking stock of your own progress and pointing out gaps that still remain.

[Display transparency 5-2.]

Here's your task:

Each mini-partnership team needs to reclaim its flip chart sheet/sheets.

Once you've collected yours, read them again and then together determine the following:

> *Which of these challenges do you still believe are important? (Put a* ***check mark*** *to the left of each of those and be ready to explain why you didn't check the others.)*
>
> *Of those you checked, which have been addressed in subsequent training sessions? (Put a* ***star*** *in front of each of those and be ready to talk about the help you've received in handling those you didn't star.)*
>
> *Which ones have yet to be addressed? (****Underline*** *those.)*

You'll have 15 minutes to work. When you're finished, please post your sheets on the walls so everyone can see them.

When time is up, continue by saying something like...

(FACILITATOR 1's name) and I want to hear from you about your responses to this one, admittedly loose, measure of progress.

BOTH FACILITATORS--take another 15 minutes to work through the sheets in large group, highlighting key met and unmet challenges and inviting participant comments. What you want to emerge from the discussion are a sense of accomplishment and a sense of the gaps that still remain. Make sure you respond carefully to each underlined challenge. (The same challenge may appear on more than one sheet.) Have you addressed it? Will the mini-partnerships learn more about how to overcome it or work around it in this session or the next? End the discussion when you've talked through every underlined challenge.

Step B (10 minutes)

FACILITATOR I--define evaluation as part of the service coordination process and explain its purposes. Introduce the terms *formative* and *summative*.

Say something like...

> *Evaluation is always about questions, and however you go about answering those questions, the quality of an evaluation can never be better than the questions you pose. The review you just did was a truncated evaluation built around these questions: What did we identify as challenges? Has our thinking changed? Which significant challenges have we addressed? What remains? Even in this brief exercise, the quality of the evaluation depends on the usefulness of the questions, the validity and reliability of the answers, and the uses to which the answers are put. You'll find the same is true of interagency service coordination evaluations.*
>
> *Remember what we said way back at the first session: consumers and their families are the priority of service coordination at the interagency level. Decision-makers and funding agencies must also be concerned with costs. Underlying every evaluation process is this question:* ***Does what we're accomplishing for consumers and their families justify the resources being invested?***

[Display transparency 5-3.]

> *Examining that essential cost-benefit question forces every interagency partnership to answer three more:*
>
> - *Is what we're doing truly making a significant, positive difference for consumers and their families?*

- *Are agencies within the partnership working together as efficiently and as effectively as they might?*

- *How could we further improve programs and linkages within the partnership to better serve consumers and their families and to increase the benefits of interagency relationships?*

Like every other necessary human endeavor, the evaluation process has been dissected and analyzed by experts—so much and so often that the spirit of the process can easily be lost in statistics, procedures, and jargon.

(FACILITATOR II's name) and I will try to help you keep the focus where it belongs as you learn some specifics that can assist you with the nuts and bolts of evaluating interagency service coordination efforts.

As (FACILITATOR II's name) said earlier, you've been evaluating situations and choices since our first session together. Had you been implementing your mini-partnerships in the real world, you would have been engaging more formally in one kind of evaluation activities and preparing to engage in the second.

[Display transparency 5-4 and continue...]

***Formative evaluation** includes activities that occur during the formation or development of interagency relationships and that are conducted to answer specific questions about how services being offered are operating or how effective they are. How well are services being planned for or coordinated? Are agencies collaborating the way the planning team originally intended?*

At the interagency level, formative evaluations often include assessment of admission and selection processes, review of program procedures, ongoing quality reviews, and/or periodic case reviews. Ongoing formative evaluation provides useful information to help you and your partners make adjustments as interagency collaboration develops, and it often leads to new activities, services, and/or processes.

__Summative evaluation__ activities provide information about the results of interagency linkages after they have been established for some time. Summative evaluation seeks to answer such questions as, What results are we getting for consumers and families? How is the collaboration benefiting the collaborating agencies? Summative evaluation information involves judgments about the worth of interagency activities and is useful for making changes in how participants deliver services, manage the collaboration, train staff, and/or share interagency resources. A three-year evaluation and an evaluation of a first group of program completers are examples of summative evaluation.

Step C (15 minutes)

FACILITATOR II--introduce three performance measures: *inputs*, *processes*, and *outcomes*.

Say something like...

Formative and summative evaluations are means of attending to differences in timing and purposes. Another way of sorting is to consider more closely **what** *you look at, what measures you take into account when you're evaluating the benefits of service coordination.*

[Display transparency 5-5.]

__Inputs__ refer to resources put into the planning and operation of the program. They include resource contributions from each collaborating agency—staff, funds, equipment, transportation, consultation time, space, and other requirements. Inputs also include the ways in which participants structure interagency activities, their selection of consumers to be served, and the types of services (interventions) they deliver.

In other words, you're looking at what you have to work with: the consumers themselves, their families, the participating agencies and the resources they contribute, volunteers, other informal support systems, the paid service providers, and the interagency goals and objectives. You can see both the benefits and the dangers in *measuring inputs. You can't possibly assess cause and effect relationships if you don't know the elements involved. On the other hand, if you have false perceptions of inputs, the distortions will mar all efforts to determine change.*

Evaluating program ***processes*** *means examining what the interagency partnership actually does to coordinate services. Process evaluation examines services, service principles, cooperating agency activities, staffing and administrative structures, as well as service coordination policies, procedures, and guidelines to help answer these questions:*

- *Are services being coordinated in a manner consistent with the cooperative agreement?*
- *Are services reaching the target population, i.e. the consumers and families the program intends to serve?*
- *Are consumers and families receiving services and supports they're supposed to receive?*

Process evaluation is an important part of comprehensive evaluation because it enables participants to monitor and examine the total resource effort of the interagency partnership. It has its hazards as well. Evaluators can easily find themselves looking too intensely at how agencies are collaborating, thereby minimizing other aspects, or they can look too sketchily at how agencies are collaborating and miss vital insights about relational strengths and weaknesses.

Outcomes *evaluation measures the extent to which interagency services cause desired changes in the consumer population and in the collaborating agencies. Outcomes evaluation addresses two questions:*

- *Are consumers really benefiting from the services in ways that can be measured?*
- *Are there measurable improvements in service quality and accessibility?*

Outcomes must be measured at both individual and interagency levels. These two levels of outcomes differ in the directness of *impact on individual consumers and families, but both are important for evaluation of interagency service coordination.*

Individual-level outcomes *are measures of service coordination activities intended to have direct impact on consumers. They are the most important yardsticks of effective interagency collaboration. Evaluators seek evidence of specific changes in clearly defined aspects of consumers' lives.*

Interagency-level outcomes *are measures of improvements in the service system at the organizational level. These improvements are related to changes in the service system as a whole and are usually measured in terms of improved linkages between consumers and services.*

The two handouts we're sharing now will help you see the relationships and the differences more clearly.

[Have FACILITATOR I help you distribute handouts 5-1 and 5-2. When everyone has a copy, continue...]

Lay the two pages side by side. Now do a quick comparison. You can see that the examples given as individual-level outcomes are all direct measures of consumer performance. The expectation is that positive outcomes for consumers will signal positives at the interagency level; conversely, disappointing outcomes at the individual level will signal specific problems at the interagency level. If consumers and their families are not achieving desired individual outcomes, it's time to look very closely at what's happening at the interagency level.

The handout points out something else to remember. Outcomes evaluation requires baseline data—information about consumers before they received services from one or more of the cooperating agencies. Two other kinds of information are helpful: 1) data on any previous services and service results against which to compare current outcomes and 2) clearly defined goals for individual progress or performance. Good baseline information and explicit goals permit measurement of the spreads between past performance and current performance as well as current performance versus expected performance.

Whether you're looking at inputs, processes, or outcomes, you need to remember they're a means to one end—assessment of interagency service coordination. What you're ultimately seeking are fair and helpful measures of performance.

[Display transparency 5-6 and continue...]

The steps you've worked through to implement interagency service coordination in your mini-partnerships tell you that measures you use to evaluate your performance should encompass these categories:

Consumer identification and community outreach
Information and referral
Intake and screening
Service coordination and linking
Service monitoring, progress assessment, and follow-along
Individual-level interagency-level advocacy
Evaluation and consumer follow-up
Quality assurance
Technical assistance to cooperating agencies and service providers

As evaluators, you'd want to know how any interagency partnership was doing in terms of each of these categories.

Step D (35 minutes)

FACILITATOR II--have participants work in pairs or triads within their mini-partnership groups to complete the first analysis task.

Say something like...

What you've just heard is as technical as we're going to get, but keeping these basic definitions and concepts in mind is important. You can profit from a little analysis practice that lets you apply your own common sense as well.

(FACILITATOR I's name) and I are distributing three verbal snapshots of interagency service coordination in action. [Together distribute handout 5-3.]

Within your mini-partnerships, work together in pairs or triads to answer the questions following each vignette. You'll want to read each of the vignettes carefully before you work together on the *answers. You'll have 30 minutes to complete your task. Then we'll talk about your answers in large group.*

Step E (30 minutes)

FACILITATORS I & II--lead discussion of responses in large group. FACILITATOR II, you begin the discussion of the first vignette; FACILITATOR I, join in. Follow the discussion with a 15-minute break.

Because this discussion can't be scripted, you'll want to prepare for it by working together ahead of time to answer each set of questions yourselves.

You may want to begin the discussion of each vignette by asking one group to answer the first question and then invite the other groups to tag on. You can use the same process for each question as long as it's working for you. Every pair/triad should have a chance to respond, and everyone should complete the activity with a better understanding of how to look at information with a searching and critical eye.

Give participants a 15-minute break.

Step F (20 minutes)

FACILITATOR I--differentiate between quantitative and qualitative questions and introduce 1) a list of questions likely to be posed in a comprehensive evaluation of an interagency service coordination effort and 2) methodologies for obtaining needed information.

Say something like...

The questions any evaluator raises are one of two types: quantitative or qualitative. [Display transparency 5-7.]

> ***Quantitative questions*** *make inquiries about that which is countable.*
>
> *How many consumers are receiving service coordination support?*

What is the total number of counseling hours per consumer?

How many service organizations have joined the partnership?

***Qualitative questions** seek intangible measures.*

How satisfied are families with their access to services?

How do consumers and/or their families judge the benefits of service coordination support?

How satisfied are consumers with the amount of service-provider contact?

How comfortable is the interagency service coordinator with his/her responsibilities?

Some questions, especially quantitative ones, can be answered by reviewing records—cooperative agreements, test scores, interagency meeting minutes, mission statements, etc. Others require more complex methods such as observations, interviews, surveys, and questionnaires.

People often view questionnaires or surveys as the easiest way to collect feedback from those involved in the service system. Remember this, however: a bad survey is worse than no survey at all.

From your own experiences, tell me the kinds of problems people can encounter with questionnaires and surveys. You call them out, and (FACILITATOR II's name) will record them on the flip chart for us.

Participants should mention problems like ambiguous wording, wrong reading levels, inappropriate use of paper-pencil measures, unsortable responses, answers that lead to nothing, questions that don't get at what people really need to know, etc. Encourage their responses by adding comments as appropriate.

Close the discussion with a statement like...

If you're in charge or helping to build a survey or questionnaire, remember these guidelines: Items must be categorizable, clear, *answerable by those being surveyed, and relevant to the evaluation questions being addressed.*

(FACILITATOR II's name) and I are going to give you two handouts now. Neither is complete, but both will help you be better evaluators.

The first is a list of questions that would likely be part of a comprehensive evaluation of an interagency service coordination effort. The second shows you the variety of methods for finding answers to both the quantitative and qualitative evaluation questions included in the first. [Distribute handouts 5-4 and 5-5.]

Step G (30 minutes)

FACILITATOR II--have mini-partnership teams complete the second analysis task and then do the follow-up.

Say something like...

Stacks of paper aren't much good, are they? Let's take a closer look at the handouts you've received. Look at the handout entitled ***Evaluation Questions****. The first thing you'll notice is that it contains lots of questions. The second is the section set in italics after the first question on the sheet. That section signals the task I'm about to assign you. The other handout is there as a resource for doing the task.*

Listen carefully to your instructions. Because they're a bit complicated, I'll display them on the overhead as well. You'll be working in your mini-partnerships again, so make sure you're seated accordingly.

[Display transparency 5-8.]

Split the questions on the first handout among the members of your mini-partnership. There are thirty-three bulleted questions unanalyzed, so that should give each team member no more than seven to consider. You can see the questions are already clustered, so you might want to bear that in mind when you split them up.

THEN

On a separate piece of paper, each of you should do the following:

> *Write your first assigned question. Note whether the question is quantitative or qualitative. Then jot down how you might obtain an answer to the question. Use your second handout—the list of available methods—to trigger your thinking. See the italicized section following the first question; your notes should take the same format.*
>
> *Follow the same procedure for your remaining questions. You may—and often should—identify multiple methods for answering a single question on your list.*

I'll give you 20 minutes to work. If you're not quite finished when time is up, you can have a little longer. If some of you finish early, that probably means you drew an easier set of questions. Give your team members some help.

When participants are finished, say something like...

This task took awhile, but it will be time well spent if you pool your answers by stapling your sheets together and placing them in your mini-partnership folder. When you're ready to do your first—or next—interagency service coordination review, get your hands on those sheets again. You'll find you'll do a much better job of planning once you've looked at the notes a second time.

Before I pass the stapler, let's clear up any problems you encountered. Were there any questions you couldn't classify as either qualitative or quantitative?

Elicit responses, encourage participants to help you categorize, make sure correct categorization is provided.

Were there any questions you couldn't find a good way to answer?

Again, elicit responses, encourage participants to help you suggest methodologies, and make sure people have plausible possibilities to write in their notes. When you've addressed all concerns, pass the stapler to the mini-partnership groups.

Step H (20 minutes including break)

FACILITATOR I--introduce the action steps for an effective comprehensive interagency service coordination evaluation, share elaborations, and give people a 10-minute break to read an excerpt of a real interagency service coordination evaluation.

Say something like...

> *You now know the various purposes evaluations can serve, the multiple methodologies available, the kinds of questions that might be asked in a comprehensive evaluation of interagency service coordination. Looking at evaluation in pieces is different from actually doing it.*
>
> *If this training serves its main purpose, you'll surely be asked to help plan and conduct an evaluation of a collaborative effort. Here are ten action steps you can follow to keep you moving in the right direction.*

[Distribute handout 5-6 and ask participants to look it over.]

> *As you can see, the ten steps are laid out like a recipe, but each step assumes you know how or can learn how to carry it out. The work you've done so far today should have put you in touch with many of the specifics you'll need to keep in mind. When you're doing an actual service coordination evaluation, be sure you give Action Step #10 the weight it deserves. Just as you'll be evaluating interagency service coordination efforts as a means to improving them, you'll want feedback from users of your evaluation to improve your next review.*
>
> *Here's another point to remember. Evaluation is like everything else: the better it's planned, the more effective it's apt to be. Use an action plan form like the one you received during the last session* [hold up handout 5-7 for them to see] *to help you make sure each action step is handled right from start to finish.* [Distribute handout 5-7.]

You already know that most evaluations of complex processes reveal both strengths and weaknesses. Sometimes it's hard for those doing evaluations to deliver bad news; it's usually hard for members of a interagency service coordination partnership to hear it.

I'm going to give you a 10-minute break now, but I want you to do just a little work while you take it. Read the excerpt (FACILITATOR II's name) is distributing. [FACILITATOR II--distribute handout 5-8.] *It's taken from a real set of evaluation conclusions and will help you think how identified shortcomings as well as successes can be the basis for significant improvement. The excerpt will serve as the springboard for a detailed look at what the Pittsburgh Promise evaluators did right and too many evaluators do wrong.*

Ask people to return to their mini-partnership groups when they come back from the break. While they're gone, place a copy of handout 5-9 for each mini-partnership member at the appropriate tables.

Step I (15 minutes)

FACILITATOR I--use the evaluation excerpt as a springboard for discussing common evaluation weaknesses and present three principles of successful evaluation.

Say something like...

If you're like me, as you read the excerpt, you couldn't help but cringe at the last three points and the summary statement. The truth is, though, it's the identifying of real problems that will help the Pittsburgh Promise ultimately accomplish what was intended.

Too few programs get such insightful or helpful reviews. Let me take just a few minutes to review the findings of recent research on the evaluation of interagency collaboration. If you know the weaknesses that commonly occur, you can do better at avoiding them in your own efforts.

The transparency I'm now putting on the screen matches the handout we placed at your tables while you were on break. [Display transparency 5-9.] *Make sure you each have one, and be prepared to take notes as we look together at the statements you see listed there.*

There is little standardization and low validity.
What this means is that too often, evaluations don't measure what they purport to measure. The evaluation activities are inconsistent as are the methodologies. Evaluations are conducted in settings with few controls for precise data collection. Therefore, they frequently offer little accurate information about how consumers are affected.

The technical quality is poor.
Lack of training in program evaluation lowers quality. Evaluations are often loosely structured and superficial, yielding only impressionistic judgments of programs. Too many evaluations are directed at obtaining opinion-related survey responses from internal stakeholders.

The range of instruments is too limited.
This shortcoming is closely tied to the previous one. As we noted before, evaluation tools range from highly subjective questionnaires to in-depth, outcomes-focused instruments. Most interagency systems engage in informal descriptive assessments that make use of only a small sector in the wide spectrum of choices available.

There is little focus on individual consumer gains.
Evaluation activities are frequently focused on documenting numbers of individuals served rather than assessing individual progress.

There are debilitating conflicts of interest.
In other words, evaluators too often see what they're supposed to see. Agency directors are typically the primary individuals involved in designing and conducting program evaluation. The tendency is to document only the effects that will ensure continued program funding.

Data sources are inadequate.
In too many instances, evaluators fail to do something you now know to do, and that is to make use of both quantitative and qualitative measures. They fail to make adequate use of existing documentation. You now have a handout to remind you of documentation you can use in your evaluations. [Hold up handout 5-5.] *They make another mistake you now know to avoid—they omit from the evaluation process consumers and direct service providers who are closest to consumers.*

Follow-up support is weak.
There is little evidence to suggest that once an interagency relationship has been initiated, local follow-up training or support is provided for agency staff or consumers. This weakness is a sure sign that interagency partners did not take into account the pitfalls you reviewed in the second session and make plans to dodge them.

There is a lack of focus on those most in need.
There is little documentation of benefits to consumers who have the greatest need for support. Often collaborating agencies focus on documenting impacts on those who are easiest to serve or who show the best outcomes. The Pittsburgh Promise evaluation obviously avoided this mistake, but too many do not.

Monitoring methods are confused with outcomes measures.
Interagency monitoring methods are generally weak. Measures typically used to monitor programs are often used as outcomes measures rather than as measures to determine what process adjustments are needed as the interagency relationship develops. You aren't apt to let that happen because you know the difference between process and outcome measures and recognize the importance of each.

In fact almost every one of the weaknesses researchers have identified is a weakness you know how to avoid—at least in theory. There is no training in the world that can guarantee you'll dodge them in practice, but there are three bottom-line, easy-to-remember principles that can help. [Display transparency 5-10.]

What gets measured counts. *Remember, if you're measuring irrelevancies, they'll take on undeserved importance.*

What is hard to stomach is easy to bury or ignore.
Evaluation exists to bring about improvement; it's nearly impossible to improve if partners are unwilling to look honestly and intelligently at what exists. Mistakes are great teachers only for those willing to learn from them.

What succeeds is worth celebrating. *Perfection is a rare commodity in human service endeavors, but good people and good programs make significant progress possible. When it occurs, celebrate. For most human beings, there is no better tonic than sincere recognition of their specific contributions.*

Step J (5 minutes)

FACILITATOR II--give the assignment, thank participants for their attentive participation, let them know when and where the next session will be held, and end the module.

Introduce the assignment by saying something like...

> *You've probably noticed that you've had little opportunity to apply the specific principles and techniques of sound evaluation to your mini-partnerships. Your take-away assignment will correct the omission.* [Distribute handout 5-10.]

When participants have the form, review their four responsibilities. Make sure people understand the importance of sharing responses **before** the next session. The handout says the responses should be shared within three days. If that timing doesn't work with your training schedule, change the exchange deadline. They should understand there will be no time during the next session to give and receive feedback; it's their responsibility to make time on their own.

When everyone is clear on the assignment, thank participants for going the realistic extra mile to handle their evaluation responsibilities, let them know the time and place for the next session—remind them again that they're meeting in their teams before it starts, and close the module.

Materials
for
Module 5

Handouts
Transparencies

Let' Get It
Tog

A Training Sequence
January 1997

MPRRC/Drake University &
Iowa Department of Education
Des Moines, IA

The Key Question

Can we measure our success?

Analysis Task #1

- **Reclaim your flip chart sheet(s).**
- **Put a check mark to the left of the challenges you still believe are important.**
- **Put a star in front of each challenge you checked that has already been addressed in this training sequence.**
- **Underline each challenge you checked that has yet to be addressed.**
- **Be ready to explain the thinking behind your markings and to describe the help you've already received.**
- **Re-post your marked flip chart sheet(s).**

Cost–Benefit Questions

Does what we're accomplishing for consumers and their families justify the resources being invested?

- **Are we making a significant, positive difference for consumers and their families?**
- **Are agencies working together as efficiently and as effectively as they might?**
- **How could we improve to give better service and gain more from interagency relationships?**

Categories Based on Timing & Purposes

Formative evaluation **occurs during the formation or development of interagency relationships. It is ongoing and conducted to improve implementation.**

Summative evaluation **provides information about the results of interagency linkages after they have been established for some time. It looks back at what** ***has happened*** **instead of focusing on what** ***is happening.***

Performance Measures

Inputs **refer to resources put into the planning and operation of an interagency service coordination effort.**

Processes **are what the interagency partnership actually does to coordinate services.**

Outcomes **are results. They are evaluated at two levels:**

- ***Individual-level outcomes*** **are measures of specific changes in consumers' lives.**
- ***Interagency-level outcomes*** **are measures of improvements in the service system itself.**

Measures Your Evaluations Should Encompass

- Consumer identification and community outreach
- Information and referral
- Intake and screening
- Service coordination and linking
- Service monitoring, progress assessment, and follow-along
- Individual-level and interagency-level advocacy
- Evaluation and consumer follow-up
- Quality assurance
- Technical assistance to cooperating agencies and service providers

Two More Definitions

Quantitative questions **make inquiries about that which is countable.**

Qualitative questions **seek intangibles.**

Analysis Task #2

The first step is to split the 33 unanalyzed questions among mini-partnership members.

Each team member

- writes his/her questions on a separate piece of paper
- records whether each question is quantitative or qualitative
- notes possible methods for obtaining an answer to each question

(Handout 5-4 shows an example analysis.)

Common Weaknesses

- Little standardization and low validity
- Poor technical quality
- Limited range of instruments
- Little focus on individual consumer gains
- Debilitating conflicts of interest
- Inadequate data sources
- Weak follow-up support
- Lack of focus on those most in need
- Monitoring methods confused with outcomes measures

Three Principles

What gets measured counts.

What is hard to stomach is easy to ignore.

What succeeds is worth celebrating.

Individual-level Outcomes

Category of Measure	Example *Outcomes* Measures
Family supports and quality of home life	Beneficial changes in guardianship; changes in family structure, family supports received; increased parent involvement in interdisciplinary planning for child; parent training received; social services interventions; interagency service coordination assistance; respite care assistance; reduction of family stress; improved family relationships; and/or better family decision-making.
Early intervention	Improved infant or toddler functioning, improved health status, reduced incidents of illness, improved follow-up medical care, more appropriate expectations for child, improved diet, more time shared by child and parent/guardian.
School-based education, training, and supports	Academic skills gained, occupational skills mastered, vocational assessments completed, integrated curriculum received, academic/vocational credits earned, wages earned, work experiences gained, diplomas/certificates received, assistive technology (and other accommodations) provided, transportation provided, service coordination support supplied.
Supports for transition to independent living, employment, or post-secondary education	Assistance with application and entry into postsecondary programs; transfer of responsibility to other agency(ies); assistance with job placement, guidance and counseling; provision of on-the-job work support and/or other vocational adjustment supports; social participation supports; assistance with housing placement; assistance with living- and/or work-site accommodations.
Quality of life in adulthood	Adjustment to adult social participation; adjustment to marriage and family life; participation in church, avocational, social, recreational, and/or leisure activities; relationships with family and siblings; evidence of citizenship.
Long-range career adjustment, independence	Career advancement and promotion, additional on-the-job training, additional certifications or licenses earned on the job, additional work responsibilities, career changes, transfers or relocations. Continued independent living and self-sufficiency; continued participation in community affairs, social, recreational, family, and church activities; continued participation in treatments or therapies needed.

Interagency-level Outcomes

Category of Measure	Example *Outcomes* Measures
Interagency planning	Cooperative agreements (formal and informal); joint service assessments; joint projections of service needs and graduate placements (anticipated services); joint planning, follow-up, and follow-along activities.
Interagency training and staff development	Interdisciplinary training or cross-training activities for personnel of cooperating agencies.
Interagency community outreach and dissemination	Parent and family training activities, linkages with parent training centers and coordinated service information dissemination.
Interagency management system	Coordinated data base development to collect consumer data, coordinated information and referral services, interagency service monitoring and quality assurance activities, coordinated information-sharing among agencies, coordinated management or behavior management service, service coordination and performance management systems.
Interagency system advocacy	Individual and group advocacy to increase services and service responsiveness to consumer and/or family needs; human rights protection and review activities; local, state, and national policy advocacy for improved services.
Interagency evaluation	Interagency evaluation that involves shared consumer data collection and joint planning to use evaluation information for service coordination improvement.

Three Vignettes

Example #1: Child Survival/Fair Start Home Visit Programs

(Adapted from the Kochhar training resource, pp. 104-106)

In 1982, the Ford Foundation launched the Child Survival/Fair Start (CS/FS) Initiative, through which it has sponsored community-based strategies to improve pregnancy outcomes and infant health and development among low-income families. At the heart of this initiative is a network of lay home-visit programs coupled with independent sponsorship and operation.

The five programs of CS/FS reach high-risk populations: migrant Mexican-American farmwork families in two Florida farm labor camps; Haitian immigrants and refugees in Ft. Lauderdale and Immokalee, Florida; young black (mostly unmarried) mothers in the three poorest counties of west Alabama; isolated rural families in six Appalachian counties; and urban Mexican-Americans in Austin, Texas. Home visitors come from the target communities. In the migrant program, for instance, they are either former farmworkers or members of farmworker families.

Following one young mother as she participates in the program will show you how service coordination served her. Meet Otilia.

Otilia is a 16-year-old high school student who is pregnant for her first time and is participating in the Fair Start program in her school. She has been linked with a team of professionals, including a nurse practitioner, a child development specialist, and a social worker. As part of her own service coordination team, Otilia worked with the others to develop her individual service plan.

As part of her plan, Otilia enrolled in prenatal care and Medicaid, and she received support from the nurse and social worker as she practiced good nutrition and learned the skills she would need to care for her newborn. She began receiving home visits during her third month of pregnancy. The visits continued monthly until the last four weeks before her expected delivery date, when the nurse visited her weekly.

(Example #1, cont'd)

Frequent home visits continued until her baby was 24 months old. After the baby's birth, the service focus shifted to what Otilia then needed most: support in developing a healthy mother-infant relationship, assistance in learning to give her baby loving day-to-day care (including feeding, hygiene, and stimulation activities), skilled assistance with managing infant illnesses, instruction and support for providing well-baby health care (check-ups, immunizations, etc.). As Otilia became more skilled at caring for her baby, she was ready to plan her future. The other team members were there to help.

Throughout Otilia's enrollment, home visits remained an integral part of her support system. Here's a snapshot of just one of those visits.

> *The home visitor got caught up with Otilia on significant events since the previous visit. She checked to make sure Otilia had kept scheduled appointments for herself and her baby. They talked together about particular health and child development topics that Otilia had been thinking about. The visitor watched as Otilia bathed her infant son and then demonstrated some stimulation activities she thought both the baby and the mother would enjoy.*
>
> *She reminded Otilia of upcoming appointments and gave her lots of time to share her feelings, her questions, and her plans for the next few days. Otilia says she's not ready to think beyond then, but she and the visitor agree it will soon be time to do some serious planning for her own ongoing development and for ensuring the continued good care of her child.*

Otilia's individual service plan was a collaborative product and was being implemented by the consumer and a team of caring professionals representing a variety of agencies and volunteer services. Assume the role of evaluator and respond to the following:

What evidence do you see of service coordination at both the individual and interagency levels?

How important was Otilia's role in the service coordination process?

Is a mother-child orientation the equivalent of a family orientation?

What are five additional questions this vignette would trigger for you if you were assessing outcomes at the interagency level?

Example #2: A Rural Community Works to Improve Transition Service (Adapted from the Kochhar training resource, pp. 118-119)

For years, educators in this small rural school district—call it Hometown—had been unable to improve job opportunities for high school students with disabilities. School officials; special, regular, and vocational education teachers; private non-profit job training organizations; local vocational rehabilitation administrators; and business leaders finally met and agreed to form a partnership. After several meetings led by a special education supervisor, group members decided to apply for federal funds to help develop vocational and technical skills training for youth to keep students involved in school and help them prepare for the transition from school to work.

The partners agreed to work together to establish a vocational-technical education center that could serve all youth in each of the area school districts that elected to join the cooperative. They also wanted the local employment services agency, the community-based adult disability service system, and the local community college involved.

Each district had to dedicate some of its own resources to the development of the vocational-technical education center. The agency representatives developed a cooperative agreement that included the following: a long-range plan, a decision-making advisory committee to guide partnership efforts, and clearly defined results they expected from each of the cooperating agencies.

(Example #2, cont'd.)

They also decided the program needed to have enough autonomy to operate as a distinct entity to carry out its shared functions in a manner that equitably served the competing needs of all cooperating school districts. These functions included

- *district-wide transportation services*
- *vocational-technical education and training services*
- *job placement and support services*
- *intake and assessment*
- *individual program planning*
- *cooperative work experience*

The newly formed regional center, a planned and shared intervention, developed its own identity and had its own operational boundaries but remained interdependent with the cooperating school districts.

Assume you're in charge of evaluating initial implementation efforts. As part of your hypothetical planning process, respond to the following:

Is the emphasis placed on both local and statewide collaborative efforts justified?

What are three questions you would ask to help these partners identify and respond to problems that are likely to occur as a result of state and local groups operating under their own initiatives?

This overview says nothing about individual-level outcomes. What questions might you pose to investigate preliminary impact on consumers and their families?

Example #3: Phan, A Refugee from Vietnam: Service Coordination to Address Language Deficiencies and Cultural Integration (Adapted from the Kochhar training resource, pp. 119-120)

Phan was among the second wave of refugee children entering the community and school district. Phan was born in North Vietnam, but fled the country as the Vietnam war was ending. After living in refugee camps, he emigrated at age fourteen to Arlington with his family under the sponsorship of a local refugee organization. Phan's parents spoke no English, had very few work skills, and suffered chronic debilitating illnesses.

When Phan entered the high school High Intensity Language Training (HILT) program, it was quickly determined that he had limited English capability and a poor prognosis for academic achievement. In the large high school setting to which he was assigned, Phan rarely chose to speak at all, could not respond to questions given in English, demonstrated limited math skills, and appeared generally confused.

He was immediately staffed for special education placement, and, on the basis of the test data, he was labeled educable mentally retarded and placed in a self-contained special education program. As part of his placement, Phan was also enrolled in the Education for Employment (EFE) program at the Career Center, established for students with disabilities. Through the EFE program, Phan gained hands-on experience to acquaint him with vocational skills areas. He showed himself to be a responsive, alert individual who quickly grasped mechanical and spatial concepts.

Since Phan's academic performance was not improving, the high school requested that the Career Center provide Phan with an educational program that reflected his interest and motivation. Phan was released from the academic program at the high school and enrolled in a printing program under the direction of a teacher who had extensive experience with HILT students and students with disabilities.

Within two months, Phan mastered the basic principles of press operation, could measure and cut paper using sophisticated

(Example #3, cont'd.)

measurement concepts, and was able to read and follow directions on safety and machine operation. To help Phan stay in school, the instructor and the coordinator of vocational programs for special needs students secured him part-time work as a press operator with a local printer.

Phan was immediately successful in the job, earning high praise from his employer. He agreed to return to the high school HILT program for further classes. The HILT teachers structured an academic program for Phan that enabled him to continue working as he earned credit toward a high school diploma.

Here, interagency collaboration is again being represented through one example. In your evaluator's role, respond to the following:

What might have contributed to Phan's original poor placement and to what was likely an inaccurate original diagnosis?

What evidence is given of effective service linking?

Not only did Phan do much better under the EFE program, the right people noticed. What does this example show you about the need for adequate monitoring and interdisciplinary and interagency communication? Write four questions you might pose to investigate these key elements.

Evaluation Questions

- Is the partnership linked with other education and human service initiatives in the community? *[The question seeks a quantitative response; the answer can be found by reviewing annual action plans for linking with service initiatives outside the formal cooperative agreement and by asking administrators about any informal linkages taking place.]*

- Are partnership outcomes related to state and national goals?
- Has the partnership brought together a cross-section of the community to determine priority goals for service improvement?
- Has the partnership developed an action plan for work towards meeting the national goals set by the service system?
- Has the partnership developed a method for measuring progress toward achieving community goals?

- Is there an ongoing plan to assess needs within the service agencies, schools, and community for improvement in the service environment?
- Is there a budget item for this needs assessment activity?
- Is there a plan for providing awareness of the service coordination partnership in the community, and is there a budget item for this activity?
- Is there an interagency collaboration budget and method for accounting for income and expenses for service coordination activities?

- Does the interagency partnership have a written mission statement?
- Does the mission statement define the local authorities for the partnership and include broad goals?

- Is there a documented collaboration design and specific intervention activities that are expected to produce changes in consumers and/or service agencies?
- Does the collaboration have a cooperative agreement with stated goals and measurable objectives for each goal?

- Is there a clearly defined and documented interagency management structure?
- Are there clear lines of communication and authority?
- Is there a lead coordinator or director who is ultimately accountable for accomplishing interagency service coordination goals?
- Is there a steering team or advisory group responsible for decisions about the interagency relationship?

- Is there a recruitment plan for engaging people in the interagency relationship and a budget provision for the recruiting activity?
- Is there a documented orientation plan and program? Is the program budgeted?
- Has a training program been documented? Has training been budgeted?
- Is there a documented plan for retention and recognition? Is there a budget item to fund this plan?

- How does the interagency partnership solve problems among personnel or partner organizations?
- Are there structured team meetings to address service coordination problems?

- How are problems addressed and modifications made in the interagency relationship to accommodate changes?

- Is there a plan to conduct monitoring of service coordination progress?
- Is the interagency partnership collecting information on consumers' progress in agency services?
- Is there a plan to maintain an ongoing record of the participation of consumers and/or families in collaborative agencies?
- Are there methods and strategies in place to monitor the day-to-day operations of the interagency partnership?

- Are there measurable objectives related to gains/changes in service program consumers (including families), are the objectives known by all involved agencies, and is there a process for collecting change data?

- Is there a system of follow-up to collect information on the continued progress of consumers beyond their participation in interagency services?

- Is there evidence monitoring and evaluation data are used to improve the overall service coordination effort, a single component, or a single partner agency?
- Is there evidence the partnership has resulted in system-wide improvements or gains for consumers and families?

- Is the program using resources efficiently to maximize benefits to participants?

- What are the actual costs of delivering services? What kind of return are funding agencies getting in terms of consumer progress?

A Sampling of Methodologies

- Consumer and/or family surveys/questionnaires
- Service agency surveys/questionnaires (management level)
- Service agency surveys/questionnaires (staff level)
- Interagency coordinator/liaison surveys/questionnaires
- Interviews with consumers, families, staff, administrators, coordinators, and others
- Observations of service delivery
- Agency/site visits
- Test scores and other assessment results
- Anecdotal records
- Review of cooperative agreements and mission statements
- Review of agency budget documents and annual plans
- Review of public relations materials
- Review of short- and long-range planning documents and reports
- Review of needs assessments
- Review of individual service plans and/or program plans
- Review of family service plans
- Review of consumer and/or family records
- Review of state and local education plans
- Review of employment and training plans
- Review of rehabilitation and vocational education plans
- Review of federal state, and local policies and of legislation affecting the service coordination partnership
- Review of personnel and/or volunteer records and job descriptions
- Review of board meeting agendas, minutes
- Review of instructional tools
- Review of orientation materials and documents
- Review of training feedback surveys
- Review of in-kind service records
- Review of admission and entry policies and procedures
- Review of interdisciplinary team meeting records
- Review of previous independent evaluations of service coordination activities
- Review of consumer complaint/grievance procedures and documents

Remember—methodology sets content parameters, but it doesn't set content within those parameters. Whether the method is some sort of document review or a set of observations, evaluations are only as good as the questions asked.

The Ten Action Steps

1. Select your evaluation purposes and determine the decision-makers or interested parties who will participate in developing the evaluation component.

2. Select the components of the service coordination partnership that you wish to evaluate (informing the community, assessing needs, developing shared resources, creating a mission statement, designing a cooperative agreement, etc.)

3. Determine the questions you wish to answer for each of the components you're evaluating.

4. Select the evaluation methods for each question you're asking.

5. Identify and collect the available source documents that can help answer your questions (#4 and #5 are interlinked).

6. Decide on your data collection strategies (How will you undertake the methodologies you've selected?) and choose your data analysis procedures (How will you categorize/organize the data you're collecting to answer your questions?).

7. Conduct your data collection.

8. Complete your data analysis and develop draft evaluation reports.

9. Share your draft report with trusted, knowledgeable reviewers for feedback; develop your final report for distribution per the evaluation agreement.

10. See that your evaluation results are reviewed, understood, and acted upon. They should be integrated into future service coordination planning and budgeting. Have your evaluation design and methodology evaluated by users.

Action Group________________________

Target____

Activities, steps	Who's responsible?	By when?	What resources?	What's the status?

Comments____

The Pittsburgh Promise: A Hard-hitting Critique

(Taken from the Kochhar training resource, pp. 140-141)

The Pittsburgh Promise was established to provide career-related services to at-risk youth through junior and senior high school and to place them in full-time employment or postsecondary education The partnership was a joint venture of the Community Development Office, the Chamber of Commerce, the public schools, and a variety of community-based agencies.

As part of its mission, the partnership was to coordinate all career-related programming for Pittsburgh's citywide youth programs. The partnership's objectives were to decrease the dropout rate and create comprehensive school-to-work transition programs. There were additional objectives addressing academic performance, school attendance, youth unemployment, and adolescent pregnancy and parenthood.

Evaluation Conclusions

1. ***At the program level, the Pittsburgh Promise provided a positive work and learning experience for participating youth.*** *While data on program performance outcomes was limited (and not likely to be conclusive), reports from participants and staff indicate that students have benefited from the pre-employment programs and summer work experiences.*

2. ***The Promise also had a positive impact on the broader school environment and population in the two participating high schools.*** *These benefits came from making the goals of career awareness and preparation explicit and by providing the impetus for building career issues/skills into classroom instruction.*

3. ***As a systems change initiative, however, the Promise had only a very limited impact.*** *There were positive gains, but the Promise had not yet resulted in any significant restructuring of programs and services in the schools or the community.*

4. ***The Promise did not succeed in serving more seriously disadvantaged youth—those most at risk of dropping out.*** *Under its current design, the Promise best served a broad group of middle-achieving youth who were already able to progress adequately in school.*

5. ***A shared vision was missing.*** *As a community-wide partnership aimed at organizing resources and commitments around a shared vision and common goals, the Pittsburgh Promise fell short of the mark. There was a general absence of both leadership and ownership at the top, little evidence of agreement on a common vision, little or no substantive discussion of the purposes of the Promise or the roles of the respective players, and no real sense of mutual and public accountability.*

The gaps between intents and outcomes were visible because the evaluators were doing their work within a framework of expectations set for the interagency collaboration when it was first established. They used as their evaluation guide the written mission and goals for the partnership.

Though the initial mission of the partnership was to target at-risk youth who were unable to benefit from the traditional school environment, the interagency partnership was primarily serving those in the school population with only limited need of its supports. The resources of the partnership were failing to reach the students for whom the partnership was designed. The evaluators stressed the importance of commitment from all stakeholders and the need for greater accountability for the use of resources provided through the partnership.

Common Evaluation Weaknesses

There is little standardization and low validity.

The technical quality is poor.

The range of instruments is too limited.

There is little focus on individual consumer gains.

There are debilitating conflicts of interest.

Data sources are inadequate.

Follow-up support is weak.

There is a lack of focus on those most in need.

Monitoring methods are confused with outcomes measures.

An Assignment

Because there were so many issues to explore that stretched beyond the applications your mini-partnership team has made, you have had no chance to apply your thinking about evaluation to your scenario. You have **four responsibilities** to meet before the next session formally begins:

- **Write ten evaluation questions** you would want answered about your mini-partnership's interagency service coordination effort at the end of its first year of operation. Under each question, list techniques you might use to find adequate answers. Remember what you know about putting consumers and their families first, about addressing cost–benefit issues, and about looking at inputs, processes, and outcomes. Use your knowledge of methodologies wisely. Check your questions against the common weaknesses you reviewed during this session—have you avoided them?

- **Fax/mail copies** of your questions and techniques to the other members of your team within three days of today's session.

- **Review your partners' responses** before the next session. Did all of you raise many of the same questions? Are there questions you didn't raise that need to be explored? What about techniques for finding answers? Can you improve on some suggestions? Do you see flaws/gaps that could lead to the weaknesses referred to above?

- **Arrive at the next session 15 minutes early** to share feedback and talk about implications with your partners. Making time to give evaluation the attention it deserves is the professional responsibility of every team member. We're giving you practice.

Module 6: How Do We Persuade Others to Change?

Equipment

tables, chairs, and lectern
overhead projector and screen

Materials

handouts
6-1: *Individual Advocacy Activities*
6-2: *Iowa COMPASS*
6-3: *Service Coordination Provisions in Law*
6-4: *Communicating the Value of the Initiative*
6-5: *Reasons and Strategies*

transparencies
6-1: *Strategies for Facilitating Family Involvement*
6-2: *Funding for...*

resources
Roles in the Transition Process
Self-determination: The Journey to Independence
A Vision for the Future: Promoting Choice and Self-determination for Youth with Severe Disabilities

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Time

Step A	60 minutes
Step B	20 minutes
Step C	10 minutes
Step D	20 minutes
Step E	5 minutes
Step F	5 minutes
Step G	15 minutes
TOTAL	2 hrs. & 15 mins.

Let's Get It Together!

Module 6: How Do We Persuade Others to Change?

Step A (60 minutes)

FACILITATOR I--lay the groundwork for the sharing of strategies to persuade others to change, present the first question, and lead a multi-part brainstorming discussion about facilitating family involvement.

Say something like...

> *Both FACILITATOR II's name and I have experienced training that excited us; then, we returned to our local settings and had no support group similarly trained to help us initiate change. Worse yet, we didn't feel we were high enough in the chain of command to make good ideas happen. We needed some strategies for persuasion.*
>
> *We want you to go home empowered as agents for change. This session is made up of suggestions for answering questions we're betting you have.*
>
> *Throughout this training sequence, we have used the term consumer- and family-centered approach. The words themselves are powerful, but **what techniques promote the approach**?*
>
> [Display transparency 6-1 and continue...]
>
> - *Provide parent training and support.*
>
> *Kochhar's monograph doesn't have all the answers, but she makes some useful suggestions: holding parent/guardian seminars, conducting parent-professional panel discussions, engaging parents to train other parents, creating parent*

support groups, forming a parents-professionals team to identify important issues and develop a systems change plan, arranging visits to programs so parents can observe their sons and daughters, having parents be service coordinators.

[Ask participants to draw from their own experiences and brainstorm a little, telling them a significant resource is one another. What parent/guardian involvement activities have they used that can be adapted to the context of service coordination? Let the brainstorming run about 10 minutes.]

- *Use the individual's natural support system.*

Kochhar describes a natural support system as being comprised of family members, friends, neighbors, peer groups, and organizations such as churches, unions, clubs. We all know informal support networks help individuals survive by establishing and maintaining nurturing relationships; how can we help the supporters also become essential players in decision-making about needed services and programs?

[Again, call on participants and ask them to share ways to engage members of a natural support system in the service coordination process. Allow another 10 minutes for this discussion.]

- *Do personal futures planning.*

Kochhar defines futures planning as a long-term planning and problem-solving process guided by individual and family desires and needs. It uses a personal profile, includes a planning meeting, and produces a futures plan document.

The profile contains a record of the person's life, including important relationships, past events, preferences, dreams, barriers, and opportunities. The profile emphasizes individual gifts, skills, and capabilities.

The planning meeting involves the individual, his/her family, and other key persons in his/her life. The meeting follows several steps to develop the plan: review the personal profile; review the environment, including events that are likely to *affect the individual or family positively and negatively; create a desirable vision of the future; identify obstacles and opportunities; identify strategies and make commitments to take specific action steps to implement the vision; get started by prioritizing action steps and beginning to work on them; and identify needs for system change, constraints of the service system, and obstacles to realizing the vision. Personal futures planning complements the more organized procedures such as IEP planning and transition planning.*

- *Do transition planning.*

You know transition planning is mandated in Iowa for all special needs students age 16 and older and at a younger age if appropriate. Actually, transitions begin as infants move from hospital to home, from home to day care, from day care to preschool, from preschool to elementary school, and then to middle school, high school, and postsecondary life.

A very good resource is this training unit [Hold up unit.] *entitled* ***Roles in the Transition Process****, which was created by the developers of our service coordination training sequence. You can obtain copies from the Mountain Plains Regional Resource Center.*

[Ask participants what experience they've had with transition planning and what role they think it plays in service coordination. Give 10 minutes to the discussion.]

- *Reduce barriers to community services.*

Service coordination plans should include how the services provided will integrate into a range of services available to the general public: health, recreation, social, housing, employment, training, etc.

[Ask participants what barriers they've found that obstruct integration and what strategies they've employed to overcome them. Allow 10 minutes for the discussion.]

- *Communicate value of parent involvement.*

Throughout their children's development, parents need to hear they are needed and valued as contributing members of planning teams. Means to that end are written materials distributed to parents, special parent support meetings or education seminars, opportunities for parent volunteer activities, and invitations to service planning meetings.

[Tell participants you know the suggestions are ones they've heard before and ask them what they've done to make some parents and guardians feel their involvement is given more than lip service. Allow 10 minutes for the discussion.]

Step B (20 minutes)

FACILITATOR II--present the second question, give suggestions for helping consumers become self-determining, and lead the ensuing discussion.

Say something like...

Throughout the training FACILITATOR I's name and I have mentioned the possibility of a consumer acting as his/her own service coordinator and most definitely taking an active part if not actually coordinating. To do either, consumers must have the self-determination/self-advocacy characteristics of assertiveness, creativity, flexibility, self-esteem, and decisiveness. Persons with disabilities do not automatically practice self-determination upon reaching age 21. ***How can they be helped to develop the requisite skills?***

[Distribute handout 6-1 and continue...]

This handout shows you two poles of the advocacy continuum. Of course, Assisting with Self-advocacy is the better choice if consumers and their families are to take active roles in the service coordination process.

Explicit training for self-determination and self-advocacy is essential if individuals with disabilities and their families are to have greater control over their lives. Most states have self-advocacy groups and organizations such as the Association for Retarded Citizens and the Disability Coalition that present age-appropriate and ability-appropriate workshops.

Here in Iowa, we have access to two self-determination training units specifically designed for preadolescents. ***Self-determination: The Journey to Independence*** [Hold up unit.] *is for higher functioning young people;* ***A Vision for the Future: Promoting Choice and Self-determination for Youth with Severe Disabilities*** [Hold up the unit.] *is for those less skilled. Both were developed by Michael Wehmeyer, Ph.D., as part of the Iowa Transition Initiative's training package. You can obtain copies from the Mountain Plains Regional Resource Center.*

[Ask participants to share experiences they've had with self-determination training and to discuss the merits of having consumers take active roles in service coordination. Allow 10 minutes for discussion.]

Step C (10 minutes)

FACILITATOR I--present the third question and give suggestions for promoting easy access to services.

Say something like...

Another statement you've heard repeatedly in this training is that consumers and their families need simple access to the service system. Easier said than done; ***how can such easy-access, one-stop shopping be a reality****?*

Aggressive and creative approaches to outreach are often needed. For example, homeless people with chronic health problems are more apt to accept service coordination assistance if such services are offered at nearby clothing or food distribution centers. Service information and *coordination can best be marketed to juvenile offenders and their families by providing access at parole offices or in local community recreation centers. Several agencies can develop a coordinated information and referral system located within an area education agency. Together, they can provide referral and a single point of entry to families planning for transition from early intervention services to preschool.*

[Distribute handout 6-2 and continue...]

Iowa COMPASS is a toll-free information and referral service for people with disabilities, their families, and service providers. The COMPASS data bank holds information about more than 9,000 agencies and organizations. One call can put consumers in touch with goods and services available in their part of the state. Confidential information is provided by phone, letter, or audio tape.

Step D (20 minutes)

FACILITATOR II--present the fourth question, give suggestions for tapping funding sources, and lead the ensuing discussion.

Say something like...

An often unspoken question is, ***How can service coordination activities be funded?*** *Unspoken because we think funding isn't our responsibility, or we think centering on funds makes us seem less committed to the human aspects of service coordination. The truth is many ideas don't reach fruition because they're not supported by necessary funds.*

Your knowledge of funding sources is undoubtedly greater than is mine and my co-facilitator's, but somewhat buried in the fine print of Kochhar's monograph are some specific suggestions that may not have occurred to you. Her suggestions are related to laws in effect as of 1/1/95.

[Display transparency 6-2 and continue...]

- *Funding for interagency collaboration*

The Public Health Service Act funds may be used to ensure collaboration through written agreements among mental health, education, juvenile justice, child welfare, and other agencies. PHSA also provides funds to states for the development of systems of community care.

- *Funding for transition services*

Guidelines for Service Coordination for Infants and Toddlers under Part H of the Individuals with Disabilities Act require a state lead agency to identify and coordinate all available resources for early intervention services, including federal, state, local, and private sources. The state lead agency develops policies that are related to payment for services and are reflected in interagency agreements—one of those services is transition planning.

The Use of Funds section of the Carl D. Perkins Vocational and Applied Technology Education Act requires recipients to improve vocational programs and to assist in fulfilling the transition requirements of IDEA.

Educators, employers, and community service personnel can collaborate to fund transition services under the Americans with Disabilities Act, Perkins, and IDEA.

- *Funding for parent services*

One strategy is to merge early intervention support services with K-12 resource center supports.

Another is to work with the state health and human services departments and mental health-mental retardation divisions to garner Medicaid waiver funds to support parent training efforts.

In 27 states, there are family subsidies that allow parents to keep at home children with disabilities who might otherwise be institutionalized. In many states, Medicaid covers such costs as respite care.

- *Funding for education services*

Title IV under the Higher Education Act funds services for college students with disabilities and low incomes. Title V provides assistance to the teaching force. Title XI provides incentives to academic institutions.

[Call on participants to share creative funding ideas they have. Allow 10 minutes for the discussion.]

Step E (5 minutes)

FACILITATOR I--present the fifth question and give participants the compilation of applicable laws.

Say something like...

Many of the funding sources Kochhar suggests are related to public laws with which you're familiar. You remember, however, when your mini-partnerships developed creative agreements, we told you not to worry if you couldn't cite the specific authority for your collaborations. Simply as a compiled resource for you this handout answers the question, ***What are the service coordination provisions in law?***

[Distribute handout 6-3.]

Step F (5 minutes)

FACILITATOR II--present the sixth question and give participants suggestions for communicating the value of a collaborative initiative.

Say something like...

When your mini-partnerships determined membership for a strategic meeting, the small-group activity instructions sidestepped any problems you might have had in getting your *chosen people to attend. Champions for interagency collaboration can emerge from any community sector, but* ***how do you communicate the value of the initiative*****?**

There's no need to go over Kochhar's suggestions one by one, but there is a need for your having a variety of ideas from which to choose. Take this handout home with you and use the ideas for promoting interagency collaboration initiatives.

[Distribute handout 6-4.]

Step G (15 minutes)

FACILITATOR I--present the seventh question, give the reasons for sharing resources and their corresponding strategies for stimulating cooperation, make the final assignment, and close the training sequence.

Say something like...

At the opening of this session, I told you FACILITATOR II's name *and I often felt we weren't high enough on the chain of command to make good ideas happen. Our question was the same one I'm sure you have:* ***How do we persuade our superiors to get behind an interagency, interdisciplinary service coordination effort?***

Kochhar gives ten reasons for agencies to share resources, corresponding strategies for stimulating cooperation, and some examples of the strategies in action. We're sharing her ideas with you. Take a few minutes to read them.

[Distribute handout 6-5, allow a few minutes for reading, and then continue...]

We have a final homework assignment for you. When you return to your local settings, try at least one of Kochhar's strategies for stimulating cooperation and engage your superiors in conversation about sponsoring an interagency service coordination collaborative initiative.

You know we wish you well. We, like you, value interagency partnerships and believe they are the best means of service coordination. When collaboration is a reality, everyone wins: the participating agencies, the consumers and their families, and the communities of which they all are a part.

We value you as service coordination pioneers, and we thank you for working hard throughout the training sequence. To show our appreciation, we invite you to be our guests at...[Depending on what time of day the final module ends, host a celebratory brunch, lunch, dinner, etc.]

Materials for Module 6

Handouts
Transparencies

Let's Get It
Together

A Training Sequence
January 1997

MPRRC/Drake University &
Iowa Department of Education
Des Moines, IA

Strategies for Facilitating Family Involvement

- Provide parent training and support.
- Use the individual's natural support system.
- Do personal futures planning.
- Do transition planning.
- Reduce barriers to community services.
- Communicate value of parent involvement.

Funding for...

- interagency collaboration

  Public Health Service Act (PHSA PL. 102-321, 1991)

- transition services

  Part H of Individuals with Disabilities Education Act (IDEA PL. 101-476, 1990)

  Carl D. Perkins Vocational and Applied Technology Education Act (Perkins PL. 101-392, 1990)

  Americans with Disabilities Act (ADA PL. 101-336, 1990)

- parent services

  Medicaid

- education services

  Title IV, V, and XI of Higher Education Act (HEA PL. 103-208, 1993)

Individual Advocacy Activities

Advocating on an Individual's Behalf	Assisting with Self-advocacy
• assisting the consumer to receive all the benefits to which s/he is entitled	• assisting the consumer to request information about benefits to which s/he is entitled and to choose among them
• intervening to ensure that human rights and due process procedures are protected	• providing information about human rights and due process procedures to the consumer and/or family
• helping the individual gain access to a service from which s/he has been excluded	• offering strategies to gain access to a service from which the consumer has been excluded
• negotiating to gain a consumer admission to a program	• offering strategies, information, or coaching to help a consumer gain admission to a program
• negotiating for special support services or accommodations that will enable a consumer to participate in a service	• offering strategies, information, or coaching to enable a consumer to negotiate for special supports or accommodations that will permit his/her participation in a service
• educating the family and offering encouragement that will allow a consumer to participate in a service s/he fears	• coaching the consumer to assess his/her own job skills and training needs to help him/her gain appropriate employment
• intervening with a potential employer to facilitate hiring	

How can I learn more about IOWA COMPASS?

To learn more about IOWA **COMPASS**, please contact:

IOWA **COMPASS**
S277 HS
100 Hawkins Dr.
Iowa City, IA 52242-1011

Phone: 1-800-779-2001
(toll-free; voice and TTY)
or 319-353-8781

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I·O·W·A COMPASS

Information & referral for Iowans with disabilities and their families

1-800-779-2001
(voice & TTY)

I•O•W•A
COMPASS

What is information and referral?

Information: When you call IOWA **COMPASS**, an information specialist can inform you about local, state, and national agencies and organizations that serve Iowans with disabilities.
Referral: The information specialist can tell you how to contact specific services you might want to use.

Who can use IOWA COMPASS?

Anyone. IOWA **COMPASS** serves Iowans of all ages with disabilities of all kinds, as well as members of their families, service providers, and other members of the community.

What can I learn about by calling IOWA COMPASS?

- You can use IOWA **COMPASS** to find out about services that include:
  - Advocacy/Legal Aid
  - Assistive Technology
  - Community Services to Meet Basic Needs
  - Early Intervention
  - Education
  - Employment
  - Financial Support Services
  - Health Care and Specialized Therapies
  - Individual & Family Support
  - Leisure Activities
  - Mental Health Services
  - Prevention
  - Public Awareness Activities
  - Residential Services
  - Transportation
- Service provider addresses, phone numbers, and contact persons
- Licensing/Accreditation
- Area served
- Age groups served
- Services for persons with specific disabilities

How do I get this information?

IOWA **COMPASS** information specialists can give you the information you want

- over the phone
- through the mail
- on audio cassette

How can I contact IOWA COMPASS?

You can reach IOWA **COMPASS** by calling this toll-free number:

1-800-779-2001
(voice and TTY)
or
319-353-8781

IOWA COMPASS is:

- Free
- Confidential
- Comprehensive

Service Coordination Provisions in Law

National Laws and Service Coordination Provisions

National Law	Service Coordination Provisions
Individuals with Disabilities Education Act (IDEA, PL. 101-476, 1990)	Special education law requires the coordination of general and special education and many other related disciplines in individualized educational planning. The 1990 Amendments required transition services to prepare youth to move from secondary to postsecondary settings, employment, and adult life. The delivery of transition services requires coordination among special education, vocational rehabilitation, vocational education, related services, social work services, employment, and community services. The law also requires state and local agencies to improve the ability of professionals and parents to work with youth with disabilities; improve working relationships among educational, rehabilitation, private sector, and job training personnel; and create incentives to share expertise and resources.
Early Intervention for Infants, Toddlers, and Preschoolers (PL. 99-457, 1986; PL. 102-119, 1991)	This law requires comprehensive and coordinated services for infants, toddlers, and preschoolers from birth through age 5. Formal agreements between the state lead agency and other state-level agencies involved in early intervention programs are required to explain financial responsibility for services; develop procedures for resolving disputes between agencies; designate a lead agency to coordinate all available resources for early intervention services, including federal, state, local, and private sources. A service coordinator must be responsible for coordinating all services across agency lines for the benefit of children and their families.

Americans with Disabilities Act (ADA, PL. 101-336, 1990)	ADA is a major civil rights law that ends discrimination against persons with disabilities in private sector employment, public services, transportation, and telecommunications. General, special, and vocational educators and business and community service personnel need to collaborate to assist youth and adults to exercise their rights to access employment readiness services: preparation for interviews, knowledge about reasonable accommodation, and assistance with written job descriptions stating the essential functions of the job.
Higher Education Act Amendments (HEA, PL. 103-208, 1993)	Recent HEA Amendments are designed to increase the participation of individuals with disabilities in post-secondary education. The Act encourages partnerships between institutions of higher education and secondary schools serving low-income and disadvantaged students; encourages collaboration among business, labor organizations, community-based organizations, and other public and private organizations; seeks to increase college retention and graduation rates for low-income students and first-generation college students with disabilities; encourages collaboration among universities, colleges, schools, and other community agencies for outreach to students; promotes model programs that counsel students about college opportunities, financial aid, and student support services; and encourages collaboration of institutions of higher education with private and civic organizations to address problems of accessibility.
Carl D. Perkins Vocational and Applied Technology Education Act (PL. 101-392, 1990)	Perkins provides quality vocational and applied technology education services for youth. The law contains strong assurances for special populations to protect their access to quality vocational programs and services and requires a vocational education component in the IEP. The regulations require that supplementary services be provided to assure equal access for all special population students enrolled or planning to enroll in a recipient's entire vocational education program. Interdisciplinary collaboration among special, regular, and vocational educators is required to provide supplementary services necessary to ensure that youth with special needs succeed in vocational education. In addition, programs receiving funds must assist in fulfilling the transition service requirements of IDEA.

Job Training Reform Act (JTRA, PL. 102-367, 1993)	JTRA provides employment training opportunities for hard-to-serve youth and adults. The new law prescribes program performance standards to ensure that states make efforts to increase services and positive outcomes for hard-to-serve individuals. Youth and adult competency levels must be established based on factors such as entry-level skills and other hiring requirements. The Department of Labor is required to prescribe a system for variations in performance standards for special populations to be served, including Native Americans, migrant and seasonal workers, disabled veterans, older individuals, and offenders. These variances are in recognition that services to certain populations may take longer, cost more, and require alternative strategies.
Family Support Act (FSA, PL. 100-485, 1992)	The Act encourages the use of family-centered approaches to the problems of welfare dependency. The Act requires a comprehensive review, including family assessment and mobilization of supportive services (including child care) needed to remove barriers to parents' employment.
Public Health Service Act (PL. 102-321, 1991)	This law provides comprehensive and coordinated community mental health services to children and their families and funds to states for the development of systems of community care. The Act ensures that services are provided in a cooperative manner among various public systems and that each individual receives services through an individualized plan. Funds under the Act may be used to ensure collaboration through written agreements among mental health, education, juvenile justice, child welfare, and other agencies. The Act also ensures that there is a coordinator of services provided by the system and that there is an office serving as the entry point for individuals who need access to the system. The legislation requires that all relevant child-serving agencies be involved in the implementation of the local systems of care. Each state or locality must ensure that each child receiving services has a plan of care designating the responsibility of each agency.

State and Local Voluntary Guidelines for Service Coordination under the Individuals with Disabilities Education Act

Component	Guidelines
Disability definition	Autism and traumatic brain injury have been added to the definition of *disability*. The additions will require greater coordination of services, including medical, rehabilitation, and educational services to these individuals with complex physical and cognitive disabilities.
Secondary education and transition services	Transition services are included in the definition of special education services and are defined as "a coordinated set of activities designed with an outcome-oriented process." The law requires a statement of needed transition services in each individual's IEP (at 14 years of age if appropriate). The transition IEP requires that postsecondary agencies coordinate to determine needed services as the youth leaves secondary school. It mandates coordination among special education, vocational education, rehabilitation, and other community agencies. Five-year state grants are available to strengthen collaboration between state special education and state rehabilitation to improve statewide transition planning. The law also mandates efforts to increase availability, access, and quality of transition assistance; improve the ability of professionals and parents to work with youth with disabilities to promote successful transition; improve working relationships among educational, rehabilitation, private sector, and job training personnel; and create incentives to access and use expertise and resources of cooperating agencies.
Interagency agreements	Formal agreements between the state lead agency and other state-level agencies are required for early intervention and secondary transition services. They must include financial responsibility, procedures for resolving disputes between agencies, and additional components that are needed to ensure effective coordination.
Case management/ service coordination	The case manager/service coordinator is responsible for coordinating all services across agency lines, coordinating early intervention services and other services, and helping to develop state policies to ensure that case managers can effectively carry out case management functions and services on an interagency basis.

IEP contents	The IEP must include a statement of agency responsibilities for services to be included in a student's IEP. It is intended to address shared financial responsibility for providing transition services. The new law adds a subsection (d) in the content of the IEP: "A statement of the needed transition services for students beginning no later than age 16 and annually thereafter (and, if determined appropriate for an individual student, beginning at age 14, or younger)." The new requirement of agency responsibility is a direct encouragement of creative linkages among agencies to share resources and develop cooperative agreements.
Assistive technology services	This section addresses the need for assistive technology devices to be provided to maximize student benefits from education and training services. Technology services directly assist a child with a disability in the selection, acquisition, or use of an assistive technology device. This requirement means that service agencies will have to coordinate with organizations that provide assistive technology and/or prepare professionals to understand assistive technology and know how to access it.
Related services and school social work services	The proposed definition of *rehabilitation counseling service* has been revised to change the meaning of *qualified rehabilitation counseling professional.* School social work services are included in related services and are defined as "mobilizers of school and community resources to enable the child to learn as effectively as possible in his/her educational program." The revision is a direct challenge to improve the cooperation between school programs and social service agencies.

Guidelines for Service Coordination for Infants and Toddlers under Part H of IDEA

Component	Guidelines
Purpose	This law calls for comprehensive and coordinated services for infants and toddlers from birth through age 2.

Interagency coordinating council	This council is made up of 15-25 representatives of state agencies providing early intervention services and parents who assist the lead agency to achieve the full participation, coordination, and cooperation of all appropriate public agencies in providing early intervention services.
Interagency agreements	Formal agreements between the state lead agency and other state-level agencies involved in early intervention programs are mandated. These agreements must designate financial responsibility for services, delineate procedures for resolving disputes between agencies, and include additional components that are needed to ensure effective coordination.
Financial responsibility	A state lead agency is required to identify and coordinate all available resources for early intervention services, including federal, state, local, and private sources. The state lead agency develops policies that are related to payment for services and are reflected in interagency agreements.
Service coordination	A service coordinator is responsible for coordinating all services across agency lines and for coordinating early intervention services and other services. State policies must be designed to ensure that service coordinators are able to carry out effective service coordination functions on an interagency basis.
Other coordination	Payment for covered services included in a child's IFSP or IEP cannot be restricted under Medicaid and EPSDT. Coordination with funding sources under Title V of the Social Security Act, under the Head Start Act, under the Elementary and Secondary Education Act of 1965 as amended, and under the Developmentally Disabled Assistance and Bill of Rights Act is required.
Transition	Flexibility allows funds to be used to support activities of an interagency coordinating council to train personnel to coordinate transition services from early intervention services under Part H to special education services under Part B.

State and Local Voluntary Guidelines for Service Coordination under the Americans with Disabilities Act

Component	Guidelines
Purpose	ADA is a major civil rights law that ends discrimination against persons with disabilities in private sector employment, public services, transportation, and telecommunications. ADA will help increase access and open employment opportunities in the private sector. This Act underscores the need for many agencies to cooperate to ensure access for all individuals to the full range of education and human services, transportation, cultural and recreational facilities, and other services.
Job interviews	Vocational programs can and should teach individual students about their strengths and weaknesses to prepare them for potential job interviews. A student needs to be able to determine if he/she is "a qualified applicant with a disability" who can "satisfy the requisite skill, experience, education, and other job-related requirements of the employment position." Vocational and special educators, rehabilitation and job placement specialists, and employers will need to collaborate to address employment readiness issues.
Reasonable accommodation	According to the regulations of ADA, reasonable accommodations include modifications to a job application process that enable a qualified applicant with a disability to be considered for the position he/she desires and modifications to the work environment or to circumstances under which the work is customarily performed. Helping students determine their own reasonable accommodations for different jobs will be a critical part of their preparation for employment.
Testing issues	ADA prohibits tests for employment positions that are designed to exclude individuals with disabilities because of their disabilities. This provision further emphasizes that individuals with disabilities are not to be excluded from jobs they can actually perform merely because a disability prevents them from taking a test or negatively influences the results of a test that is a prerequisite of the job.

Job descriptions	Vocational programs funded by Perkins can now prepare students by using descriptions of a specific job's *essential functions*, defined in the regulations as "fundamental job duties." All job descriptions must include fundamental job duties and be available to all potential applicants. This requirement will assist in preparing students for specific jobs and anticipate the need for reasonable accommodations.
Transition	Part of Perkins' assurances involves assisting students in fulfilling the transitional service requirements of the IDEA. Under the ADA, transition activities can include preparation for interviews, knowledge about reasonable accommodations, and assistance with written job descriptions stating the essential functions of the job. These activities help fulfill the transition requirements and are consistent with the intent of ADA to improve access to employment. Educators, employers, and community service personnel can collaborate to fund services under Perkins and IDEA.
Guidance and counseling	Perkins' assurances also include guidance and counseling services that are similar to those included under IDEA. For ADA to fulfill its purpose, students with disabilities in vocational programs must gain knowledge about job descriptions and reasonable accommodations before they interview for specific jobs. Special, general, and vocational educators must collaborate with guidance counselors to ensure appropriate guidance services.

State and Local Voluntary Guidelines for Service Coordination under the Higher Education Act

Component	Guidelines
Partnerships	New provisions of HEA are designed to increase participation of individuals with disabilities in postsecondary education. Title I encourages partnerships between institutions of higher education and secondary schools serving low-income and disadvantaged students. Such partnerships may include collaboration among businesses, labor organizations, community-based organizations, and other public or private organizations.

Student assistance	Title IV is aimed at increasing college retention and graduation rates for low-income students and first-generation college students with disabilities. Priority is placed on serving students with disabilities who also have low incomes. The priority challenges universities and colleges to collaborate with schools and other community agencies for outreach to students.
Model program	Chapter 4 of Title IV allows for grants for model programs that counsel students about college opportunities, financial aid, and student support services and encourages creative collaborations among colleges, universities, financial aid organizations, and support service agencies.
Educator recruitment, retention, and development	Title V is intended to provide assistance to the teaching force to improve professional skills, address the nation's teacher shortage, support recruitment of under-represented populations into the teaching force, and promote high-quality child development and early childhood education training.
Community service programs	Title XI provides incentives to academic institutions to enable them to work with private and civic organizations to address problems of accessibility of special needs individuals to institutions of higher education and to reduce attitudinal barriers that prevent full inclusion of individuals with disabilities within their communities.

State and Local Voluntary Guidelines for Service Coordination under the Carl D. Perkins Vocational and Applied Technology Education Act

Component	Guidelines
Special population assurances	Perkins provides quality vocational and applied technology education services to youth. The law contains language with strong assurances for special populations to protect their access to quality vocational programs and services. Perkins requires a vocational education component in the IEP, and it cross-references HEA assurances.

Supplementary services	The regulations require that supplementary services be provided to assure equal access for all special population students enrolled or planning to enroll in a recipient's entire vocational education program. Interdisciplinary collaboration among special, regular, and vocational educators is required.
Full participation	The *Use of Funds* section requires each recipient to use Perkins funds to improve vocational programs with "full participation of individuals who are members of special populations." This provision permits flexibility and reflects confidence that the local programs will be able to collaborate to provide the range of supplementary services most appropriate to the needs of special population students.
Vocational-technical education services and transition requirements	Perkins provides assurances that members of special populations will receive supplementary and other services necessary to succeed in vocational-technical education. Programs receiving funds also must assist in fulfilling the transition service requirements of IDEA. The law encourages coordination between special and vocational-technical education.
Special education	The special education administrator should assist in ensuring that changes in vocational education programs and services are implemented fairly and equitably and do not place disadvantages upon persons representing special populations. He/she should also be expected to work closely with the special populations representatives on the state council. The state special education sign-off for the special needs plan should ensure there is integration and connection in the plan and a clear relationship among the following features of the vocational education state and local plans as they affect special populations: results of the needs assessment, planned activities that will lead to program improvement, funds attached to each of those activities, proposed standards and measures for evaluating program performance, proposed monitoring procedures, evaluation procedures that will be used for overall program quality evaluation, and key personnel assigned to coordination and administration.

State and Local Voluntary Guidelines for Service Coordination under the Job Training Reform Act

Component	Guidelines
Purpose	JTRA provides employment training opportunities for hard-to-serve youth and adults. It establishes programs to prepare youth and adults facing serious barriers to employment for participation in the labor force.
Improved outcomes	The new law prescribes program performance standards to ensure that states make efforts to increase services and positive outcomes for hard-to-serve individuals. Youth and adult competency levels must be established based on factors such as entry-level skills and other hiring requirements.
Adjustments	The Department of Labor is required to prescribe a system for variations in performance standards for special populations to be served, including Native Americans, migrant and seasonal workers, disabled veterans, older individuals, and offenders. These variances are in recognition that services to certain populations may take longer, cost more, and require alternative strategies.

State and Local Voluntary Guidelines for Service Coordination under the Family Support Act

Component	Guidelines
Family participation	The law requires participation of the family in the development and implementation of the child's individual plan for services; information be provided to the family on the progress being made by the child; the family be provided assistance in establishing the child's eligibility for financial assistance and services under federal, state, or local programs, including mental health, education, and social services; and parents be involved in the evaluation of the effectiveness of these systems of care.

Interagency collaboration	The legislation requires all relevant child-serving agencies be involved in the implementation of the local system of care. Each state or locality must ensure that each child receiving services has a plan of care that designates the responsibility of each agency.

State and Local Voluntary Guidelines for Service Coordination under the Public Health Service Act

Component	Guidelines
Purpose	This Act provides comprehensive and coordinated community mental health services to children and their families.
Community care	The Act provides funds to states for the development of systems of community care for children, adolescents, and their families.
Service coordination	The Act ensures that services are provided in a cooperative manner among various public systems and that each individual receives services through an individualized plan. Funds under this Act may be used to ensure collaboration through written agreements among mental health, education, juvenile justice, child welfare, and other agencies. The Act also ensures that there is a coordinator of services provided by the system and that there is an office that serves as the entry point for individuals who need access to the system.

Communicating the Value of the Initiative

Champions for interagency collaboration can emerge from any community sector once the value of the initiative is communicated.

Reach parent, student, and consumer organizations	Make presentations to PTAs, parent/consumer advocacy groups, and student organizations about the plans for service coordination. Beyond informing, solicit their input as to what roles they can play in the development of the collaboration.
Talk to educational leaders	Superintendents and principals should be among the earliest to be informed of the effort and helped to see how the initiative will aid them in achieving their educational goals and objectives for students.
Enlist the support of teachers and educational associations	Help teachers understand the potential benefits of the collaboration for themselves and the students with whom they work. Ask AEAs and LEAs to go on record as supporting the initiative.
Meet with staff and directors of community and adult service agencies	Because their support is vital to an interagency services coordination initiative, agency personnel need to know about an intent to collaborate, the process for forming the collaborative arrangement, and the importance of their individual and agency contributions.
Make employers part of the process	Make presentations at Chamber of Commerce meetings, private industry council gatherings, and supported employment conferences.
Get on the agendas of community organization meetings	Let community leaders know what interagency service coordination is all about and show them the societal benefits of collaboration.
Develop links with local colleges or universities	Help postsecondary educators understand the collaborative role they can play; their institutions will receive many students and prepare many of the key stakeholders who will be partners in the agency service coordination effort.

Regardless of the target audience, the following strategies are applicable:

Utilize local newsletters and newspapers	Write editorials and feature articles about the initiative.
Create brochures and packets	Within the brochures, explain the mission and benefits of interagency collaboration. Include information packets in the local budget documents that are distributed to educational and community agency planning boards. Design an interagency logo to identify the key partners in the initiative and promote the interagency partnership.
Utilize annual reports of cooperating agencies	Include descriptions of interagency initiatives and plans in the annual reports.
Conduct highly visible brainstorming meetings	The sessions can be held for a single target audience and/or for audiences made up of representatives of disparate groups.
Write concept papers and rationale statements	Help each potential cooperating agency/organization understand the collaborative endeavor, its mission, and the accompanying goals and objectives.
Become part of local education reform seminars	Volunteer to discuss the interagency initiative whenever a reform effort is underway.
Hold special seminars	Provide interagency service coordination training for members from a variety of agencies and organizations.

Reasons and Strategies

Reasons for Sharing Resources	Strategies for Stimulating Cooperation
Local Control and Determination to Respond to New Laws and Guidelines Local agency representatives design linking systems that respond to new requirements. Goals are designed to meet locally assessed needs.	The new transition service provision in IDEA (PL. 101-476) requires educational agencies to include transition service goals in individualized plans. Local agency representatives should develop procedures for implementing these plans and include specific interagency responsibilities and linkage possibilities. For example, an individualized plan might identify specific vocational rehabilitation (VR) service needs for the individual, the actions VR will take, the time frame within which services will be provided, and the expected outcomes.
Improved Cost-effectiveness Service coordination can reduce duplication of services and use of resources such as personnel and equipment. Reduction of duplication, however, should not be confused with a net reduction of services to children, youth, and families.	If two or more agencies coordinate to provide staff training to meet new early intervention requirements under IDEA, the training can be delivered more economically.

Enhanced Professional Interaction Coordination brings professionals from different disciplines together to share goals and activities, creating a cross-fertilization of ideas that enhances problem-solving and accelerates the process of service coordination.	A local school system lost federal funds for a vocational evaluation center that had effectively served youth with disabilities from several schools in the district. Staff from special education, vocational education, VR, post-secondary vocational and technical education, and business got together to solve the problem by pooling funds. The center was expanded along with the postsecondary vocational-technical program to offer evaluation services for postsecondary program applicants. The joint solution was more creative than any single-agency solution could have been.
Effective Use of Personnel and Shared Recruitment Staff from different agencies can complement one another's talents and skills. Several agencies might benefit from a specialized talent of a particular staff member in one cooperating agency. Likewise, agencies can share personnel recruitment activities and make joint personnel decisions in cases where a staff member may desire a shift from one agency to another.	A staff member from a public health center possessed a talent in inservice training of early intervention services staff. She was assigned the role of liaison among health services, child services, and the educational agency and served as the interagency team training coordinator. She planned inservice training for staff representing all agencies involved in services to infants, toddlers, children, and their families.

Elimination of Service Barriers and Service Gaps Since no single agency can meet the multiple needs of individuals, interaction among agencies is necessary. Barriers among agencies exist because they are separate and different. Together, agency representatives can objectively examine one another's services, identify inefficiencies, and develop shared assessments of service needs. Each agency therefore benefits from the combined knowledge and an understanding of consumer needs from different perspectives.	Educators and community services leaders wanted to assess and improve their ability to serve autistic children and youth in existing programs and services. They needed information about how many diagnosed individuals with autism were in the county system, how many agencies (school-based or community-based) were serving children and youth with autism, and how many could serve more if given greater resources. School-based educational staff, community-based mental health system staff, early intervention staff, adult service system mental retardation staff, and private non-profit vocational training program staff cooperated to conduct a needs assessment among the agencies. Together they identified the size of the population of children and youth with autism, described current needs for services, defined new services that needed to be established, and conducted information sessions with local board members to address the problem.
Comprehensive Interagency Planning for Individual Consumers Shared information can reduce duplication of a great deal of effort.	A community college recently began a support program for learning disabled students. College staff developed the program in coordination with others from local special education programs, vocational-technical education postsecondary programs, alternative education programs, and VR agencies. While the individuals were still in high school, a long-range program plan for college-based and other community-based support services was developed. Information on the progress of these students was shared among cooperating agencies.

Interagency Data Collection and Eligibility Through joint data collection, agency representatives can make comparisons and anticipate service needs. They can share eligibility requirements to match individuals, services, and programs.	A small middle school and a large high school collaborated to share information about students with disabilities transitioning to the secondary level. Educators and service providers wanted to improve planning for placement and support service needs of the students. To meet their shared goals, they developed an interagency data collection system through which the middle school staff provided projections of the needs of youth and their families. Linkages with VR were forged, and referrals for assessment and eligibility determination were initiated for students in the 11th grade.
Interagency Evaluation and Quality Assurance A coordinated system can combine individual agency self-evaluation with an evaluation of its relationships with other agencies. Evaluation from multiple perspectives provides much more valuable information than does a single agency's self-evaluation.	A local education agency and a community service system for adults with disabilities developed a joint evaluation team to examine the link between vocational education programs for individuals with disabilities and job training services in the community. The team of school and community-based staff developed a schedule for quality assurance activities that combined self-evaluation with independent outside evaluation. Evaluation reports were reviewed by a panel of school-based and community-based personnel as well as by each agency's board. Improvement plans were then developed by the cooperating education and community agencies.

Shared Funds In a time of economic austerity, agencies need to share resources to preserve and enhance existing services.	Co-location of agencies can be a cost-effective means of sharing equipment and staff. Co-location also contributes to team building and the development of relationships among interagency personnel. In one semi-urban county, a vocational rehabilitation services agency developed an in-school unit located within the same building as the county public school system's student services and special education office. This co-location has enabled interagency teams to make referrals and complete the assessment and eligibility determination process for rehabilitation services long before the students exit high school.
Community Outreach, Information, and Referral It is important that the community be informed about and appreciate interagency efforts to link services. When the public learns about education and community services through an organized and coordinated public information strategy, the service system is more likely to be perceived by consumers as accessible, supportive of them and their families, and worth the investment of public funds.	Several agencies serving children and youth with disabilities and their families developed a coordinated information and referral system located within the educational agency. Together, they provided information and referral services and a single point of entry to families planning for transition from early intervention services into preschool.